



PROPERTY/AUTO CLAIM REIMBURSEMENT REQUEST

Agency

To: Claims Examiner
Risk Management

From: _____

Department _____

Date _____ Claim Number _____

Settlement

The repairs and or replacement of the above-mentioned claim have been made to our satisfaction. Proof of payment and copy of all paid invoices are attached. We formally request Risk Management to reimburse our agency using the following coding:

Budget # _____ GL _____ Fund _____

Agency _____ Org _____ Sub _____

APPR Unit _____ Object _____

Contact

Authorized Signature _____ Title _____

Phone _____ Date Submitted _____