SAFETY CREDIT PROGRAM

REIMBURSEMENT REQUEST FORM

JPA MEMBER:_____ **ADA:** _____

REIMBURSEMENT AMOUNT $_____ **DATE:** _____

CONTACT PERSON: _____ **PHONE**: _____

DESCRIPTION OF SAFETY ITEM (S):

_____

_____

_____

_____

THIS PURCHASE WILL BE MADE IN ORDER TO ADDRESS A SAFETY ISSUE IDENTIFIED BY: (Check one)

____ LOSS PREVENTION SURVEY

____ SITE INSPECTION

____ HAZARD REPORTED THROUGH THE DISTRICT INJURY ILLNESS PREVENTION PROGRAM

____ SAFETY COMMITTEE REQUEST

____ EMPLOYEE REQUEST

____ SUPERVISOR / ADMINISTRATOR REQUEST

____ THE DISTRICT WOULD LIKE TO BANK THE CURRENT YEAR ALLOCATION FOR THE PURCHASE NOTED ABOVE

PLEASE ATTACH PAID INVOICES TO THIS REQUEST AND SUBMIT TO THE JPA OFFICE FOR REIMBURSEMENT. REQUESTS MUST BE RECEIVED NO LATER THAN MAY 31ST IN ORDER TO BE PROCESSED.

This portion to be completed by JPA staff

TOTAL AMOUNT AVAILABLE $_____ SCHOOL YEAR: _____

APPROVED _____ DATE: _____