

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 ADD	DRESS A SAFETY ISSUE IDENTIFIED BY: (Check one)
LOSS PREVENTION SURVEY	
SITE INSPECTION	
HAZARD REPORTED THROUGH THE DISTRI	CT INJURY ILLNESS PREVENTION PROGRAM
SAFETY COMMITTEE REQUEST	
EMPLOYEE REQUEST	
SUPERVISOR/ADMINISTRATOR REQUEST	
THE DISTRICT WOULD LIKE TO BANK CURRENT YEAR ALLOCATION FOR 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 31, IN ORDER TO BE PROCESSED.	
This portion to	be completed by JPA staff
TOTAL AMOUNT AVAILABLE: \$	SCHOOL YEAR:
APPROVED:	DATE: