



Safety Credit Reimbursement Form

District Name: _____

Program Year: _____

Participation in ASCIP Program: ___ Property & Liability ___ Workers' Compensation

District Representative Requesting Funds: _____

Total Amount Requested: _____

Purpose: _____

An invoice or receipt must be attached for reimbursement.

The funds for which I am seeking reimbursement have been spent in accordance with the Safety Credit Program.

District Contact Signature Print Name Title Date

Most Senior Administrative Print Name Title Date
Officer

(Both Signatures are required for amounts greater than \$25,000)

ASCIP STAFF ONLY

Reviewed By: _____
Date: _____
Compliant with Policy: Yes _____ No _____ If no, then reason: _____

