



CENTRAL SAN JOAQUIN VALLEY RISK MANAGEMENT AUTHORITY

1750 Creekside Oaks Drive, Suite 200 ■ Sacramento, CA 95833
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Sidewalk Liability Mitigation – Expense Reimbursement Form 2019/20 Program Year

Member City: _____ Date: _____

Member Contact: _____ Phone: _____

Email: _____

Describe Reason for Reimbursement _____

Date Expended: _____ Reimbursement Amount Requested: _____

Signature: _____ Date: _____

Title: _____ Fiscal Year: _____

Would the city have undertaken this project without the \$1,000 incentive? Yes No

This Area for Administrative Use Only

Reviewed by: _____ Approved by: _____

Date Approved: _____

1. Each member city can request reimbursement up to a total of \$1,000 for each fiscal year, July 1 through June 30.
2. All requests will be accepted on a first-come, first-served basis, and may be subject to approval by the Executive Committee.
3. Expenditures eligible for reimbursement are expenses related to sidewalk related mitigation expenses such as inspection, mapping and hazard removal.
4. The amount of reimbursement requested cannot exceed the cost of the item/service purchased.
5. The expense to be reimbursed must be expended between July 1 and June 30, and the request for reimbursement with supporting documentation for expense must be received within 31 days of the fiscal year closing (July 31st).
6. If you have any questions, please contact Tom Kline, Risk Control Manager, at thomas.kline@yorkrisk.com or 800.541.4591, ext. 19121.

Please sign and submit this completed reimbursement request form, along with proof of purchase or expenditure, to Tom Kline, thomas.kline@yorkrisk.com or mail to 1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833.

