



# CENTRAL SAN JOAQUIN VALLEY RISK MANAGEMENT AUTHORITY

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## Sidewalk Liability Mitigation – Expense Reimbursement Form 2018/19 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](mailto: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](mailto:thomas.kline@yorkrisk.com) or mail to 1750 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833.

