



**NONREPRESENTED EMPLOYEE CLAIM FOR REIMBURSEMENT
FOR DAMAGED PERSONAL ARTICLES**

◆ **NOTE:** Claims should be filled out as soon as possible after damage occurs.

Submit one copy of this form to the appointing authority and/or designee. Attach copies of all bills and/or receipts. Also attach medical and/or police reports, if applicable. If you need additional space, attach additional sheets. When form is completed and approved by the appointing authority or designee, attach to a standard travel voucher form and submit for reimbursement.

Claimant Name & Complete Home Address:	Date of Occurrence:
	Agency/Division:

Statement of Circumstances—Explain what happened. Why do you feel the employer is responsible? (Attach copies of police or medical reports, if applicable.)

Dollar Amount of Claim—Itemize all losses incurred. Attach copies of bills and/or receipts.

Insurance Coverage on Above Losses? ___ Yes ___ No [If yes, state dollar amount \$_____]

◆ **NOTE:** If yes is checked, the maximum reimbursable dollar amount shall not exceed the actual out-of-pocket expenses incurred by the employee (i.e., amount of deductible).

I hereby certify that all statements contained herein and on any attachments hereto are true and that the losses claimed actually occurred on the date specified above.

Claimant Signature: _____ **Date:** _____

◆ **FOR AGENCY USE ONLY.**

This claim is approved: _____ **Date:** _____
Signature of Appointing Authority or Designee

This claim is not approved for the following reasons:

Date: _____
Signature of Appointing Authority or Designee