**SIRMA I WORKERS’ COMPENSATION**

**JOINT POWERS AUTHORITY**

SAFETY CREDIT REIMBURSEMENT FORM

c/o Alliant Insurance Services

angela.hatley@alliant.com

Invoice #

DISTRICT:

DATE(S) OF ACTIVITY/PROGRAM:

DESCRIPTION OF ACTIVITY/PROGRAM:

WILL OTHER DISTRICTS BE INVOLVED? IF SO, WHICH ONES:

ITEMIZE COST OF ACTIVITY/PROGRAM (ATTACH RECEIPTS, PURCHASE ORDERS,

BIDS ETC., IF AVAILABLE. INCLUDE COPY OF CHECK STUB.)

TOTAL COST OF ACTIVITY/PROGRAM:

AMOUNT TO BE CHARGED TO WORKERS’ COMPENSATION FUND:

SIGNATURE: DATE: