



ICRMA

**Independent Cities Risk Management Authority
Scholarship Program
Reimbursement Request**

City:		Date:	
Name of Authorized City Representative:		Title:	
Signature:			
Phone No:		Email address:	
Make check payable to:			
Mailing address:			
Reimbursement Description			Amount Requested
Supporting documentation attached. Reimbursement contingent on available funds.			Total Requested:
<p><i>Email to Jennifer Achterberg at jennifer_achterberg@riskpooladministrators.com</i></p> <p>NOTE: When the reimbursement check is payable to the person normally authorized to make the reimbursement request, his/her supervisor must approve the request for reimbursement.</p>			