



Reimbursement Request for Safety Credits

JPA-4

**The JPA office must receive this form by May 31st
to reimburse for the current year.**

Item Description:

Amount:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

District's Account Number (to be reimbursed -- Credit):

[][]	-	[][][][]	-	[]	-	[][][][]	-	[][][][]	-	[][][][]	-	[][][][]	-	[][][][]
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Amount Eligible For:

Amount to be Reimbursed:

\$ _____

\$ _____

District Name: _____ District Approval: _____

Please attach a copy of all invoices.

JPA's Account Number (Debit):

65-0000-0-0000-0000-5018-000-0000

JPA Approval: _____ Date: _____