REIMBURSEMENT REQUEST FOR SAFETY CREDITS

The JPA office must receive this form by May 30 to reimburse for the current year.

Item Description:	Amount:
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
Total	$ _____

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

☐☐ - ☐☐☐☐ - ☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐ - ☐☐☐☐

ADA:	Amount Eligible For:	Amount to be Reimbursed:
_____	$ _____	$ _____

District Name: _____ District Approval: _____

Please attach a copy of all invoices.
Keep pink copy; submit white and yellow copies.

JPA's Account Number (Debit):

65–0000–0–0000–0000–5018–000–0000

JPA Approval: _____ Date: _____

JPA 4

Rev. 8/98

0798/NCSIG/JPA Forms/JPA 4 Reimb. Req.