

COUNTY OF SANTA CRUZ  
COUNTY EMPLOYEE PERSONAL PROPERTY REIMBURSEMENT CLAIM FORM

NAME \_\_\_\_\_ DEPT. \_\_\_\_\_

WORK LOCATION \_\_\_\_\_ WORK PHONE \_\_\_\_\_

NAME OF EMPLOYEE'S IMMEDIATE SUPERVISOR \_\_\_\_\_

DATE AND TIME OF LOSS \_\_\_\_\_

LOCATION OF LOSS \_\_\_\_\_

\_\_\_\_\_  
DESCRIBE YOUR LOSS OF PERSONAL PROPERTY AND WHAT YOU WERE DOING WHEN  
LOSS OCCURRED (show date of purchase and purchase price of each item; attach appropriate  
documentation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ATTACH COPIES OF DOCUMENTATION, SUCH AS POLICE REPORTS, SALES SLIPS AND  
INSURANCE CLAIMS.

I certify that the information provided is correct, and that the loss  
claimed is not covered by any other source, insurance policy or agency.

\_\_\_\_\_  
SIGNATURE OF EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_

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TO BE COMPLETED BY DEPARTMENT HEAD OR REPRESENTATIVE

DATE CLAIM RECEIVED \_\_\_\_\_

RECOMMEND: APPROVAL \_\_\_\_\_ DENIAL \_\_\_\_\_ OF CLAIM.

\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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PER5006 08/27/02 Rev., for Intranet use 10/22/02