

Public Entity Risk Management Authority (PERMA)  
Risk Control Reimbursement Program  
**Claim for Reimbursement of Safety & Risk Control Expenses**

Member Entity: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Reimbursement Requested for (check all that apply):

Service	Equipment	Hotel
Training	Materials	Mileage
Software	Registration	Meals
Tuition	Airfare	Parking
Facility	Car Rental	Other: _____

Reimbursement Amount Requested: \$ \_\_\_\_\_ (\$3,000 maximum per fiscal year)

Payee (city or individual): \_\_\_\_\_

Payee Address: \_\_\_\_\_

Please explain how this will improve or enhance your safety and risk control efforts:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and submit this completed reimbursement request form, along with proof of purchase or expenditure, to [info@permarisk.gov](mailto:info@permarisk.gov).

Reimbursement of Safety and Risk Control Expenses Policy

1. Members of PERMA may be reimbursed for the actual expenses which they incur up to a maximum of \$3,000 per fiscal year.
2. The reimbursements are issued on a first come, first served basis, and may be subject to approval by the Executive Committee.
3. Expenditures eligible for reimbursement must be workplace safety and/or risk control related expenses.
4. Examples of non-reimbursable expenses would be those incurred for the use of member facilities, member staff time and materials provided or reproduced using member supplies and equipment.
5. The expense to be reimbursed must be expended between July 1st and June 30th, and the request for reimbursement must be received within 14 days of the fiscal year closing.