



Created by Counties for Counties

Washington Counties Risk Pool
2558 RW Johnson Rd SW, Suite 106
Tumwater, WA 98512
(360) 292-4500
wcrp.info

WCRP Cyber Security Awareness Reimbursement Request Form

REQUESTOR

County: _____ Completed by: _____

Date: _____ Email: _____

If this form is not completed by an IT contact, please provide IT contact information.

IT Contact: _____ IT Contact Email: _____

SUBSCRIPTION DETAILS

Agreement with: _____ Invoice #: _____

Select one: Single Year Contract Package/Level: _____

 Multi Year Contract # of Users: _____

NOTE:

- Reimbursements are limited to training package subscriptions only. Any additional, optional, or add-on services will not be eligible for reimbursement and will be the county's responsibility.
- Funding is limited to single year reimbursements. If entered into a multi-year agreement, the county may submit a new request at the beginning of each WCRP Fiscal Year (October 1).

REIMBURSEMENT & MAILING INSTRUCTIONS

Check Payee: _____

Addressee: _____

Attention: _____

Address Line 1: _____

Address Line 2 (suite, bldg #): _____

City, State & Zip: _____

SUBMISSION INSTRUCTIONS

The designated Risk Manager must submit the materials listed below to MemberServices@wcrp.wa.gov.

- ✓ **Completed Request Form**
- ✓ **Copy of the paid invoice** (quotes do not qualify)

Requests will be reviewed within 14 business days of receipt, and the Risk Manager will be contacted if there are any questions or concerns.