



Created by Counties for Counties

Washington Counties Risk Pool
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wcrp.info

WCRP Risk Reduction Reimbursement Request Form

REQUESTOR

County: _____ Completed by: _____
Department: _____ Email: _____
Date: _____ Phone: _____

PROJECT/PURCHASE DETAILS

Identify & describe the project or purchase being considered.

What is the total cost of the project or purchase? \$ _____

What is the total amount being requested? \$ _____

Describe how this project or purchase would eliminate or reduce a property/liability risk or exposure.

What is the estimated timeframe for the purchase or project completion?

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**
- ✓ **Supporting documentation, such as project estimate or invoice**

Requests will be reviewed within 14 business days of receipt, and the Risk Manager will be contacted if there are any questions or concerns. If approved, the reimbursement will be issued after implementation of the purchase or completion of the project.

PLEASE NOTE: WCRP Risk Management will contact the county's Risk Manager after completion of the project or purchase to discuss outcomes.