



Created by Counties for Counties

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

## Narcotics Detection Device Reimbursement Request Form

REQUESTOR	
County:	Completed by:
Department:	Email:
Date:	Phone:
DEVICE PURCHASE DETAILS	
Device Make:	
Device Model:	
Number of narcotics the device can detect:	
What is the total cost of the device? \$	
In addition to the device, were other amenities, accessories, warranties, etc. purchased? If so, list them:	
Has the vendor issued an invoice to the county for this?      YES                      NOT YET	
If not, what is the estimated date the county will receive an invoice?	
REIMBURSEMENT & MAILING INSTRUCTIONS	
<i>Please include a copy of the county's W-9 and specific mailing instructions below.</i>	
Mail To:	
Attention:	
Address Line 1:	
Address Line 2 (suite, bldg #):	
City, State & Zip:	
SUBMISSION INSTRUCTIONS	
<b>The designated Risk Manager must submit the materials listed below to <a href="mailto:MemberServices@wcrp.wa.gov">MemberServices@wcrp.wa.gov</a>.</b>	
<ul style="list-style-type: none"><li>✓ <b>Completed Request Form</b></li><li>✓ <b>Supporting documentation, such as estimate or invoice</b></li><li>✓ <b>Copy of the county's W-9</b></li></ul>	
<i>Requests will be reviewed within 14 business days of receipt, and the Risk Manager will be contacted if there are any questions or concerns.</i>	
<i><u>Please Note:</u> Requests maybe be approved with an estimate; in which case the county will need to wait for reimbursement until a vendor invoice or proof of payment is provided to the WCRP.</i>	