

**TULARE JOINT UNION HIGH SCHOOL DISTRICT
VEHICLE VANDALISM REIMBURSEMENT CLAIM FORM**

(File completed form with your principal by the end of the day following the vandalism act)

NAME _____ Date _____

Year/Model of Vehicle _____ License Number _____

Date Vandalism Occurred _____ Approximate Time _____ AM/PM

Location of Vehicle When Damaged _____

Description of Vandalism Damage _____

Witness Name(s): _____

Indicate your personal insurance vandalism deductible

No Deductible

\$100 Deductible

\$50 Deductible

Other: _____

Name of Insurance Agent: _____

I hereby certify that the above information is true and correct and that the damage to my vehicle occurred on school property and while I was on duty.

Employee Signature

Date

District Liability: A maximum of \$500 or the actual cost of the damage if less than \$500. No payment will be made if the employee's insurance covers the loss.

You must attach at least two estimates from repair firms and proof of your deductible amount for the district to properly consider your request.

Approved for payment. Amount \$ _____

Denied. Reason: _____

District Superintendent or Designee

Date