



Created by Counties for Counties

**Washington Counties Risk Pool**  
2558 RW Johnson Rd SW, Suite 106  
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[wcrp.info](http://wcrp.info)

## WCRP Cyber Security Awareness Program Reimbursement Request Form

REQUESTOR	
County:	Completed by:
Date:	Email:
<i>If this form is not completed by an IT contact, please provide IT contact information.</i>	
IT Contact:	IT Contact Email:
SUBSCRIPTION DETAILS	
Agreement with:	Package/Level:
Start Date:	# of Users:
End Date:	Per User Cost: \$
REIMBURSEMENT & MAILING INSTRUCTIONS	
Check Payee:	
Addressee:	
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>Copy of paid invoice</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>	

### PLEASE NOTE:

*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).*

*Reimbursements are limited to training to package subscriptions only. Any additional, optional, or add-on services will not be eligible for reimbursement and will be the county's responsibility.*