



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)

## WCRP Risk Reduction Reimbursement Request Form

### REQUESTOR

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

### PROJECT/PURCHASE DETAILS

Briefly 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? \$

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

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

*Please include a copy of the county's W-9 and specific mailing instructions below.*

Mail To:

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](mailto:MemberServices@wcrp.wa.gov).**

- ✓ **Completed Request Form**
- ✓ **Supporting documentation, such as project estimate or invoice**
- ✓ **Copy of the county's W-9**

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

*Please Note: Future project/purchase requests may 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.*