WMU BUSINESS SERVICES MEMBER DIRECTED LOSS CONTROL/EMPLOYMENT PRACTICES LIABILITY REQUEST FOR REIMBURSEMENT

In order for your reimbursement to be considered for the current fiscal year, please send this form, along with receipts, to Risk Management by March 27th.

DATE OF REQUEST	
DEPARTMENT NAME	
NAME OF REQUESTOR	
PHONE NUMBER OF REQUESTOR	
FUND/COST CENTER TO BE REIMBURSED	
AMOUNT REQUESTED	
TYPE OF FUNDING REQUEST (SEE DEFINITIONS BELOW) – MEMBER DIRECTED LOSS CONTROL (MOREMPLOYMENT PRACTICES LIABILITY (EPL)	IDLC)
DESCRIPTION OF LOSS CONTROL PRODUCT OR SERVICE	
	

DEFINITIONS