

Monmouth College

Student Personal Property Request for Reimbursement

Requestor Information:

Name: _____

Home Address: _____

Local Address: _____

Home Phone #: _____

Local or Cell Phone #: _____

Please list the items for which you are requesting reimbursement below. Attach photos of your loss, copies of receipts, and a copy of the letter from your insurance company denying your claim or showing the deductible paid. Once this form is complete, please submit to the appropriate person based on the instructions below. Keep a copy for your records.

The Request for Reimbursement Form and associated documentation must be submitted within five (5) business days of a response from your insurance provider. The Monmouth College business office will make the determination whether to reimburse and whether to seek additional information before making a final determination. A final determination will consider any such additional information provided as well as any failure to provide such information. Requests should be submitted in writing (e-mail, Campus mail, US mail, hand delivered) to the appropriate person as listed below:

Director of Residence Life
Office of Student Affairs
Room 129
Poling Hall

Director of Facilities Management
Physical Plant Office
North Campus

All requests for reimbursement will be reviewed by the College's business office to determine if Monmouth College will reimburse you for your loss and the amount of reimbursement. Please note that the Student Scots Guide states that Monmouth College is not responsible for your loss. Therefore, a decision could be made not to reimburse you.

Student Personal Property Request for Reimbursement (Cont'd)

Item	Description of Item and Damage (include Manufacturer name, model #, date of purchase, and place of original purchase)	Original Purchase Price	Current Replacement Cost	Amount Reimbursed (internal use only)

Describe the Incident(s) that led to the losses listed above. Be sure to include the date/time/location of loss in addition to the details:

I agree that the information contained in this request is accurate and complete.

Signature: _____

Date: _____