



2007-2008 SAFETY CREDIT APPLICATION

SECTION 1 - TO BE COMPLETED BY DISTRICT		
District Name:	Contact: Title:	Phone No.: Fax No.:
Description of Activity/Purchase:		
Anticipated Benefits:		
If not previously submitted, attach verification of the district's Comprehensive Safe School Plan, Injury and Illness Prevention Program (IIPP), Bloodborne Pathogens Exposure Control Plan, and Resolution regarding workers' compensation coverage for volunteers.		
NOTE: Application(s) and supporting documentation must be submitted by June 1, 2008.		
_____	_____	_____
District Representative Signature	Title	Date

SECTION 2 - SISC STAFF ONLY		
Copies of the district's Comprehensive Safe School Plan, IIPP, Bloodborne Pathogens Exposure Control Plan, and Workers' Compensation Resolution are on file at the SISC office. <input type="checkbox"/> Yes <input type="checkbox"/> No	SISC Finance Use Only	
Safety credit application approved as submitted. Date: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No*		
Copy of supporting documentation received (i.e., invoice and check copy). <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Reason not approved: _____		

_____	_____	
SISC Staff Signature	Date	
Application submitted for payment Date _____	Available Credit _____	
Safety Credit Application Number P&L- _____	Other Charges _____	
Claim Amount _____	Amount Paid _____ Date Paid _____	
	Remaining Credit _____ Check No. _____	