

213-241-3130 333 s. Beaudry Ave. Los Angeles, CA 90017

Employee Reimbursement Request Form

PROOF OF LOSS FORM

If Receipt for original purchase is not available, please give the following Information :			
<u>Item</u>	<u>Date of Purchase</u>	<u>Place of Purchase</u>	<u>Price Paid</u>
	PENALTY OF	PERJURY	
The undersigned hereby declares under PENALTY OF PERJURY that the above information is true and correct. I understand that it is a criminal offense to knowingly file a statement of claim containing false or misleading information or to willfully conceal information or material thereto with intent to defraud.			
Employee Name			
Employee's Signature	e:	Date	:
Employee Number:			