

Broome County Office of Risk Management

Debra A. Preston, County Executive . Robert E. Murphy, Risk Manager

Colleen M. Capwell, Workers' Compensation Analyst John C. Nezelek, Safety Specialist Richard A. Murphy, Claims Manager Sue Madden, Principal Account Clerk

Request For Reimbursement

WCB#	Carrier Case #
Employee's Name:	
	, employer has made payments to the above
named claimant under the provis	ions of the Workers' Compensation Law for an
injury sustained on, 2	0
Said payments total <u>(\$</u>	<u>),</u>
and cover the period from	to
(Sign here)	(employee)
In accordance with Workers' Co requests:	ompensation Law, Section 25, the employer hereby
() Full Reimbursement of the a	above named amount

() Reimbursement covering lost time at the compensation rate

Date_____

(Signed) ______(Must be signed by Employer)

Broome County Office Building . 60 Hawley Street . P.O. Box 1766 . Binghamton, New York 13902 Main Office: Phone (607) 778-2402 . Fax: (607) 778-6009 . Workers' Comp Fax: (607) 778-2918 www.gobroomecounty.com