



Request for Reimbursement

Name _____

Sam ID _____

Email Address _____

Building & Room _____

Did you notify a residence life staff member when the damage occurred?

☐ Yes ☐ No

Please explain the reason for reimbursement request. If you need additional space, please attach pages to this form.

PROPERTY VALUE

- List damaged property, providing a detailed description of the property. If more than five items were damaged, please attach your list to this form.
- Attach documentation/receipts noting value of damaged property.

[illegible]

I understand that any personal property will become the property of Sam Houston State University, if I accept reimbursement. In consideration for the payment to me of the amount listed above, I release, discharge, and indemnify Sam Houston State University and all its regents, agents, and employees from any and all claims or demands against them that I may have, whether now known or unknown, including any claims due to the injury or damage which occurred on the above date. Such release and discharge include, but is not limited to, any and all claims for medical expenses, work loss, damages, of whatever kind or nature, and attorney's fees.

I understand that this is not an admission of liability or fault by the parties released, said parties expressly denying liability or fault. I also understand that this release is a compromise settlement of all claims or demands that I may have against the parties released and for all past and future expenses which are now know or which may hereinafter develop.

Requestor Signature

Date

***Please submit this completed form to your RA, Hall Director,
or the Residence Life Office.***