



DEPARTMENT OF RESIDENCE LIFE  
Sam Houston State University  
 MEMBER THE TEXAS STATE UNIVERISTY SYSTEM

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.

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**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.

Item	Value of Item	Receipt Included (Yes or No)

DEPARTMENT OF RESIDENCE LIFE  
Sam Houston State University  
MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

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 of 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 includes, 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 known or which may hereinafter develop.

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

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