

TEXAS STATE UNIVERSITY CLAIM FORM

Name Email address	Local address	Permanent address
Student/Employee ID number	Phone	Today's date

Injury

Date of injury	Time of injury	Place of injury
Witnesses' names	Witnesses' addresses	Witnesses' phone numbers
Please describe how the injury happened (use another sheet if necessary).		

Medical Treatment

If you sought medical treatment as a result of this injury, please provide the following information and submit copies of your medical bills to date.

Name of medical service provider	Address	Dates of treatment
Description of treatment		Cost of treatment to date

Property Damage

If your property was damaged, please provide the following information.

Describe the property that was damaged	How was your property damaged?
Date damaged	Place
Was your property repaired or replaced?	What was the cost to repair or replace your property? (Please attach copies of any bills or estimates.)

Reporting the Incident

Did you report the incident to the police or tell any other person about it? If so, please tell us:

Name of person or office to whom you reported	Address	When you reported

Reimbursement

What amount of reimbursement do you seek from Texas State University?
Please explain why you believe this amount is due you.

Please submit your completed form and any supporting documentation to:

**Texas State University
TSUS Office of General Counsel
J.C. Kellam Administration Building, Room 1040
San Marcos, TX 78666
Fax: (512) 245-9633
Email: tsusgencoun@txstate.edu**