

PAYMENT AND REBATE AUTHORIZATION
2009-2010 WORKERS' COMPENSATION PREMIUM
RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT

2009-2010 QUARTERLY WORKERS' COMPENSATION PREMIUM:

\$519,259

PLEASE CHECK INVOICE PAYMENT PREFERENCE:

District check for total Invoice Amount Due is enclosed

Charge total Invoice Amount Due to Account # below

Other (Please Explain)

DISTRICT'S REBATE AMOUNT:

\$122,503

PLEASE CHECK REBATE PREFERENCE (If Applicable):

Credit Rebate to District Risk Management Deposit Fund

Credit Rebate toward Invoice Amount Due

Issue check for Rebate payable to District

Credit Rebate to District Account (Please indicate the account number below)

Other (Please Explain)

Print Name: Leslie M. Piazza Title: Risk Manager

Authorized Signature: *Leslie M. Piazza* Date: 7/16/09

Later Payments Are Subject To A 2% Late Charge

Original- ASCIP
Copy - District



Alliance of Schools for Cooperative Insurance Programs

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