

Materials Replacement Fund Claim Form

How to use this form: Use this form to request reimbursement for items that were lost after your library borrowed them through interlibrary loan (ILL) from another Kansas library. As you complete your claim, please note:

Borrowing libraries are responsible for submitting claims for lost ILL items. Please submit your claim within one year of the due date for each lost item. Please wait at least *two months* beyond the due date before filing a claim. Claims will be paid out for the actual replacement cost.

Your name

Library

Library address

Phone Fax

E-mail

1: Describe the lost item

Author

Title

Publisher

Publication Date Price

ISBN

Date due

Verified in

Return your completed claim to:
Statewide Resource Sharing
300 S.W. 10th Avenue, Room 169-W
Topeka, KS 66612-1593
Fax 785/296-6650
Questions? Call 800/432-3919 (toll free) or
785/296-3875
E-mail: pattib@kslib.info

2: Tell us what happened

- ___ Our library sent this item back to the lending library, but it was lost in the mail. We notified the Post Office, but they have not been able to retrieve this shipment.
- ___ Our library borrowed this item through ILL for one of our clients. Our attempts to retrieve this item have been unsuccessful, and we've written it off as lost.

3: What's been done to retrieve the item?

<u>Action</u>	<u>Date</u>
___ Notified borrower	
___ Mailed second notice to borrower	
___ Sent certified letter to borrower	

Use the back of this form for comments.

4: Where shall we send the check?

Lending library

Address

City State ZIP

Phone

Federal Employer Identification Number