

**SUBMIT ON LETTERHEAD  
INVOICE FOR CAL OES 2-924 EXAM REIMBURSEMENT ONLY**

**MAXIMUM REIMBURSEMENT = \$300 PER EXAM**

**NAME OF LAW ENFORCEMENT AGENCY:** \_\_\_\_\_

**ADDRESS OF AGENCY:**

\_\_\_\_\_

<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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**ADDRESS TO MAIL REIMBURSEMENT CHECK:**

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<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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<b>EXAM CASE NUMBER:</b> _____	<b>DATE OF EXAM:</b> _____
_____	_____
_____	_____
_____	_____

- Victim declined to cooperate with law enforcement and a Cal OES 2-924 Exam was performed.
- Cal OES 2-923 Exam not performed and reimbursement for this exam is not being requested.

**NAME OF AGENCY CONTACT PERSON:** \_\_\_\_\_

**AGENCY CONTACT PERSON'S TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**NAME OF OFFICER IN CHARGE OF THE SEXUAL ASSAULT INVESTIGATIONS:**

**NAME:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**TOTAL AMOUNT REQUESTED: #** \_\_\_\_\_ **EXAMS X (\$300.00 PER EXAM) = \$** \_\_\_\_\_

**MAIL OR EMAIL TO:**

Roseann St. Clair  
Office of Emergency Services  
3650 Schriever Avenue  
Mather, CA 95655  
[roseann.stclair@caloes.ca.gov](mailto:roseann.stclair@caloes.ca.gov)

**Please maintain records of these cases to determine how many activate law enforcement investigation.**