

# 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. Claims cannot be made for damaged items. 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 (2) months beyond the due date before filing a claim. Claims will be paid out for the actual replacement cost. **Please attach copy of lender invoice, Amazon.com printout, or other verification of replacement cost.**

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Your Library

\_\_\_\_\_  
Library address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

## 1: Describe the lost item

\_\_\_\_\_  
Author

\_\_\_\_\_  
Title

\_\_\_\_\_  
Publisher

\_\_\_\_\_  
Pub, Date

\_\_\_\_\_  
ISBN

\_\_\_\_\_  
Price

\_\_\_\_\_  
Due date

\_\_\_\_\_  
Verified in

Return your completed claim to:

Materials Replacement Fund

218 E. Madison

Iola, KS 66749

Fax: 620-365-5137

Email: [mrf@sekls.org](mailto:mrf@sekls.org)

Questions? Call (800)279-3219/620-365-5136

## 2: Tell us what happened

\_\_\_\_ Our library returned this item via \_\_\_\_\_  
(shipping method) but it was lost in transit. \*\*

\_\_\_\_ Our library borrowed this item through ILL for one of our clients. Our attempts to retrieve this item have been unsuccessful, and we have written it off as lost.

\*\*If the item was returned by Kansas Library Express, contact Caroline Handwork at [courier@nekls.org](mailto:courier@nekls.org)

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

Action

Date

\_\_\_\_ Notified borrower \_\_\_\_\_  
\_\_\_\_ Mailed second notice to borrower \_\_\_\_\_  
\_\_\_\_ Sent certified letter to borrower \_\_\_\_\_

*Use the back of this form for comments.*

## 4: Lending Library Information

\_\_\_\_\_  
Lending Library

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Contact Name

For Internal use Only	Approved By
Tracking Number	Date Paid
Date Approved	Check Number

This project was made possible in part by the

