

AP- 5 HOLDER REQUEST FOR REIMBURSEMENT For funds paid to the Department

Robert M. McCord
Treasurer



TREASURY USE ONLY:

Claim Number _____
Date Received _____
Holder EIN _____
Prepared By _____

PART I HOLDER INFORMATION: (see instructions for claim completion) (Please print or type)

EIN NUMBER
NAME OF HOLDER
STREET ADDRESS
CITY STATE ZIP CODE
CONTACT PERSON TELEPHONE EXT

PART II CLAIM INFORMATION:

REPORT YEAR **TREASURY USE ONLY:**
PROPERTY CODE Property ID Number _____
ACCOUNT / REFERENCE NUMBER / CHECK NUMBER
IF IN AGGREGATE, SPECIFY AGGREGATE TOTAL
REPORTED OWNER(S) NAME (exactly as indicated on report)
CLAIMANT(S) NAME
CLAIMANT(S) ADDRESS: STREET ADDRESS
CITY STATE ZIP CODE
DATE PAID TO CLAIMANT OR DATE STOCK REISSUED
AMOUNT NUMBER OF SHARES

.....
REPORT YEAR **TREASURY USE ONLY:**
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PART II CLAIM INFORMATION: (CONTINUED)

REPORT YEAR

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ACCOUNT / REFERENCE NUMBER / CHECK NUMBER

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CITY

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AMOUNT

NUMBER OF SHARES

REPORT YEAR

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CITY

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ZIP CODE

DATE PAID TO CLAIMANT OR DATE STOCK REISSUED

AMOUNT

NUMBER OF SHARES

TOTAL AMOUNT (all pages)

TOTAL NUMBER OF SHARES (all pages)

PART III HOLDER CERTIFICATION:

I, , a duly authorized corporate officer of the holder listed above, do hereby certify that the above listed funds or shares, which were listed in the Report of Abandoned and Unclaimed Property filed by the holder have been paid to the rightful owners or their representatives. The holder therefore requests reimbursement for such payment.

Signature of Corporate Officer _____ Date _____

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary

My commission expires: _____

COMMONWEALTH OF PENNSYLVANIA
TREASURY DEPARTMENT
BUREAU OF UNCLAIMED PROPERTY
PO Box 1837
Harrisburg, PA 17105-1837