

Geary County Schools USD 475
Request for Reimbursement of Damaged or Destroyed Items Form



Date and Time of the incident _____

Location of the incident _____

Description of the item damaged

Circumstances leading to the damage (facts only, no personally identifiable information about student)

Names of staff witnesses

General Education Special Education (check box)

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Approved for Reimbursement

Denied for Reimbursement

Executive Director of Personnel Services _____ Date _____