

**Desert Sands Unified School District  
Risk Management**

**REQUEST FOR SAFETY CREDIT FUND EXPENDITURE**

Safety Credits may be approved for “one time” purchases of equipment or materials that will benefit the district by helping to reduce the severity and/or frequency of employee work injuries or district liability claims. It will not be approved to replace existing office equipment due to wear, tear, or damage, or items that are required by governing laws and regulations.

**SITE/DEPARTMENT** \_\_\_\_\_

DATES OF ACTIVITY/PROGRAM (IF APPLICABLE): \_\_\_\_\_

DESCRIPTION OF ACTIVITY/PROGRAM/EQUIPMENT:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF EQUIPMENT IS EMPLOYEE SPECIFIC, PLEASE LIST NAME(S): \_\_\_\_\_  
\_\_\_\_\_

HOW DOES THIS ACTIVITY/PROGRAM/EQUIPMENT RELATE TO THE REDUCTION OF POTENTIAL WORK RELATED INJURY/ILLNESS OR THE SAFETY OF OTHERS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COST OF ITEM OR ACTIVITY/PROGRAM: \_\_\_\_\_

**CHECK ONE:**

- APPROVE PENDING PURCHASE REQUISITION IN GALAXY
- OTHER

SITE/DEPARTMENT ADMINISTRATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RISK MANAGEMENT DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED                       DISAPPROVAL                      DATE: \_\_\_\_\_

DISTRICT SAFETY COMMITTEE ACTION (IF OVER \$5,000):

APPROVED                       DISAPPROVAL                      DATE: \_\_\_\_\_

*If the request is approved the account code will be provided by Risk. The site is responsible for the input of the REQ in Galaxy. Once the site administrator has approved the REQ, please notify the Risk Management Director via email at [barbara.sasser@desertsands.us](mailto:barbara.sasser@desertsands.us) and she will approve the REQ in Galaxy.*

**MAIL OR FAX REQUEST FORM AND COPIES OF INVOICES TO:**

**RISK MANAGEMENT  
ATTN: JENNIFER MORGAN  
jennifermorgan@desertsands.us  
Phone 771-8511 Fax 771-8547**