

**Hallmark/Westland A594  
Destruction Verification and Reimbursement Form**

**Name of State Agency**     Kentucky    

Tax identification number \_\_\_\_\_ (Only one payment per State)

Name of End Product	End Product Code	# of Cases Destroyed	Destruction Method

(Attach a separate page, or spread sheet, for information that exceed the capacity of this form)

Witnesses	Print Name	Signature	Date Destruction Observed:
Witness 1			
Witness 2			

Brief Description of Costs to be Reimbursed:	Total Cost

Payee Information:

Name and Title \_\_\_\_\_

Name of School District \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

To document costs associated with this recall send this form and attach all copies of bills/receipts for costs incurred to the Division of Food Distribution Office.