



MISSING PROPERTY OR DAMAGE OF EQUIPMENT CLAIM FORM

MISSING PROPERTY

PROPERTY DAMAGE

Reported By: _____
Department: _____

Phone Number: _____
Campus Address: _____

IF MISSING, COMPLETE THE FOLLOWING:

Date Discovered Missing: _____ Time Discovered Missing: _____
Equipment: _____ Serial No.: _____
Date Equipment last seen: _____ Time when Equipment was last seen: _____
Location from which Equipment went missing: _____

Was Equipment Secured	Yes No	If Yes, please describe _____ _____
Was there Evidence of Forced Entry	Yes No	If Yes, please describe _____ _____
Were Police Notified	Yes No	If Yes, which Police Department: _____ Date of Report: _____ Attach a Copy of the Police Report
Equipment Details	Date Equipment Purchased: _____ Price: _____ What was the Equipment used for: _____ Attach a copy of the Original Purchase Order or Invoice	

IF DAMAGED, COMPLETE THE FOLLOWING:

Equipment: _____ Serial No.: _____
Date Equipment Damaged: _____ Time Equipment Damaged: _____
Description of Damage: _____

Equipment Details	Date Equipment Purchased: _____ Price: _____ What was the Equipment used for: _____ Attach a copy of the Original Purchase Order or Invoice	
Estimate of Repair	Yes No	If Yes, Amount: _____ Attach a copy of the Estimate

Signature	_____	Date	_____
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PLEASE EMAIL COMPLETED FORM WITH ATTACHMENTS TO:

**ACCS Fiscal Office
Director of Finance**