

**MISSING PROPERTY OR DAMAGE OF UNIVERSITY EQUIPMENT
CLAIM FORM**

MISSING PROPERTY **PROPERTY DAMAGE**

Reported By: _____	Phone Number: _____
Department: _____	Campus Address: _____

IF MISSING, COMPLETE THE FOLLOWING:

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

Was Equipment Secured	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe _____
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Was there Evidence of Forced Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe _____
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Were Police Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which Police Department: _____ Date of Report: _____
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Equipment Details	Date Equipment Purchased: _____ Price: _____ What was the Equipment used for: _____	Attach a copy of the Original Purchase Order or Invoice
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IF DAMAGED, COMPLETE THE FOLLOWING:

Equipment: _____	University 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
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Estimate of Repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Amount: _____ Attach a copy of the Estimate
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Signature	Date
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