

Signature

MISSING PROPERTY OR DAMAGE OF 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: Serial No.: Date Equipment last seen: Time when Equipment was last seen: Location from which Equipment went missing: _____ If Yes, please describe Was Equipment Yes Secured No If Yes, please describe Was there Evidence Yes of Forced Entry No If Yes, which Police Department: _____ Yes **Were Police** Date of Report: ___ Notified No Attach a Copy of the Police Report Date Equipment Purchased: _____ Price: ____ What was the Equipment used for: **Equipment Details** Attach a copy of the Original Purchase Order or Invoice IF DAMAGED, COMPLETE THE FOLLOWING: Equipment: _____ Serial No.: _____ Date Equipment Damaged: _____ Time Equipment Damaged: _____ Serial No.: ___ Description of Damage: Date Equipment Purchased: _____ Price: _____ What was the Equipment used for: **Equipment Details** Attach a copy of the Original Purchase Order or Invoice If Yes, Amount: Yes **Estimate of Repair** Attach a copy of the Estimate No

PLEASE EMAIL COMPLETED FORM WITH ATTACHMENTS TO:

Date

Coastal Alabama Community College Fiscal Services Office
Purchasing Agent