NOTIFICATION OF LOSS/DAMAGE OF OR ON BOCES PROPERTY

EMPLOYEE/INTERESTED PARTY INFORMATION:

NAME: ___________________________ LOCATION: ___________________________
PHONE: ___________________________ DIVISION: ___________________________

LOSS/DAMAGE INFORMATION:

DATE OF INCIDENT: ___________________________ TIME OF INCIDENT: ___________________________
LOCATION OF INCIDENT: ___________________________
PROPERTY NUMBER: ___________________________ SERIAL NUMBER: ___________________________
(If Applicable)
PROPERTY DESCRIPTION: ___________________________
EXPLANATION OF LOSS: ___________________________

POLICE REPORT FILED: YES ______ NO ______ DATE FILED: ___________________________
PICTURES TAKEN: YES ______ NO ______ BY WHOM: ___________________________

ATTACH SUPPORTING DOCUMENTS

WITNESSES:

NAME: ___________________________ PHONE: ___________________________
NAME: ___________________________ PHONE: ___________________________
NAME: ___________________________ PHONE: ___________________________

COMMENTS:

________________________________________
________________________________________
________________________________________

SIGNED: ___________________________ SIGNED: ___________________________
(Employee) (Supervisor, Principal, Program Manager)

SIGNED: ___________________________ DATE: ___________________________
(Purchasing Agent)

Employee – Keep copy, Submit Original to Supervisor
Supervisor – Keep copy, Submit Original to Purchasing

Rev 3 dated 1/2009