IMPERIAL COMMUNITY COLLEGE DISTRICT
REPORT OF LOSS AND/OR DAMAGE OF EQUIPMENT

INSTRUCTIONS: PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE, OBTAIN THE REQUIRED SIGNATURES AND SUBMIT THIS FORM TO BUSINESS SERVICES

ROOM NUMBER/PHYSICAL LOCATION _____

ITEM(S)_____

VENDOR AND/OR MANUFACTURER_____

MODEL NAME/NUMBER_____ SERIAL NUMBER_____

APPROXIMATE COST _____ IVC INVENTORY NUMBER_____

DETAILS OF LOSS:

Reported By _____ Date _____

Signature _____ Date_____

Department Head _____ Date_____

Dean/Vice President _____ Date_____

Vice President Business Services _____ Date_____

BUSINESS OFFICE USE

REPORT TO INSURANCE COMPANY

MADE BY_____ DATE_____TIME_____

CLAIM NUMBER_____ DATE FILED_____ DATE PAID_____

REPORT TO SHERIFF'S OFFICE

MADE BY_____ DATE_____ TIME_____

REPORT/CASE NUMBER_____

COPIES TO: DEAN/VICE PRESIDENT, PURCHASING/INVENTORY, MAINTENANCE