

NOTIFICATION OF LOSS/DAMAGE OF OR ON BOCES PROPERTY

EMPLOYEE/INTERESTED PARTY INFORMATION:

NAME: _____	LOCATION: (School or Center) _____
PHONE: _____	DIVISION: _____

LOSS/DAMAGE INFORMATION:

DATE OF INCIDENT: _____	TIME OF INCIDENT: _____
LOCATION OF INCIDENT: _____	
PROPERTY NUMBER: _____ (If Applicable)	SERIAL NUMBER: _____
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