BILLINGS PUBLIC SCHOOLS
PROPERTY DAMAGE OR LOSS REPORT

Facility Dept. W.O. # ____________

School ______________________ Phone # __________________ Report Date __________

Report by ______________ Time/Date of Damage/Loss __________________________

Type of Damage:  Vandalism ______  Theft ______  Other __________________________

Description of Damage or Loss: ________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Specific Location: ____________________________________________________________

Discovered By: ___________________________ Date/Time _______________________

PROPERTY STOLEN OR DAMAGED

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<thead>
<tr>
<th>Quantity</th>
<th>Item Description</th>
<th>Brand</th>
<th>Model</th>
<th>Serial #</th>
<th>Value</th>
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Vendor Quotes  Facilities Labor $  

Travel $  

Materials $  

Misc. Expense $  

TOTAL COST: $  

Police Report # ___________________________ Dated ____________________________

Possible Suspects: _______________________________________________________

Administrator/Contact Person’s Signature ___________________________________

SEND ORIGINAL TO FACILITIES SERVICES