



BILLINGS PUBLIC SCHOOLS \$500 Reimbursement FORM

School _____ Phone # _____ Report Date _____

Report by _____ Time/Date of Damage/Loss _____

Type of Damage: Vandalism _____ Theft _____

Description of Damage or Loss: _____

Specific Location: _____

Discovered By: _____ Date/Time _____

PROPERTY STOLEN or VANDALIZED

Qty	Item Description	Brand	Model	Serial #	Value
					\$
					\$
					\$

Vendor Quotes	Facilities Labor	\$
	Travel	\$
	Materials	\$
	Misc. Expense	\$
	TOTAL COST:	\$

Police Report # _____ Dated _____

Possible Suspects: _____

Administrator/Contact Person's Signature _____

SEND ORIGINAL TO BUSINESS OFFICE SECRETARY – LINCOLN CENTER