



DAMAGED / LOST TECHNOLOGY ITEMS

School _____

Date _____

Student Name _____

Parent Name _____

Please check all that apply:

	Quantity	Unit Value	Extended Value	Funding Source	Fixed Asset Tag/IBSN
<input type="checkbox"/> Laptop/Chromebook	_____	_____	_____	_____	_____
<input type="checkbox"/> Ipad/Tablet	_____	_____	_____	_____	_____
<input type="checkbox"/> Hotspot device	_____	_____	_____	_____	_____
<input type="checkbox"/> Other (chargers, damages, etc.)	_____	_____	_____	_____	_____

Explanation of Damaged/Lost Technology Item

Please attach quote/documentation for item.