



MT. DIABLO UNIFIED SCHOOL DISTRICT 1936

Carlotta Drive

Concord, California 94519-1397

PROPERTY DAMAGE/LOSS REPORT

Date _____

To _____

(Parent/Guardian)

Address _____

Phone _____

Form to be completed and distributed as follows:

Original - Home

Canary & Pink - Maintenance/Purchasing (Attach Work Request)

Goldenrod: - School

A billing for property damage/loss attributable to _____ will be forwarded to you by our Fiscal Services Department for damages/loss as follows:

(Name of Student)

Date _____ School Site _____

Description of Damage/Loss:

Actual costs of repairs or replacement will be determined by our Maintenance or Fiscal Department upon completion of the work. Any replacement costs will be determined by our Purchasing Department. Please be advised that you are responsible for payment of the above-listed damages/losses. After receipt of the billing, your prompt payment will be expected and lack of payment may result in referral to a collection agency. Thank you for your cooperation.

(Site Administrator's Signature)

(TO BE COMPLETED BY SITE ADMINISTRATOR)

Percent of the total repair/replacement costs are chargeable to the above student (100%, 50%, etc.): _____
If more than one student is responsible for this damage, attach all applicable Property Damage Reports to the Maintenance Work Request for repair of damages or to the CBO's office for replacement.

If damages/losses are to a "fixed asset," list engraved/assigned tag/device number: _____

(FOR MAINTENANCE/PURCHASING USE ONLY)

Craft(s) _____

Labor Cost \$ _____

Date Repairs/Replacement Completed _____

Material Cost \$ _____

Code _____

Total Cost: \$ _____

(Maintenance or Purchasing Supervisor's Signature)