



## Missing or Damaged Thompson School District IT Equipment Claim Form

MISSING PROPERTY     PROPERTY DAMAGE

Reported By: _____ Department: _____	Phone Number: _____ Work Address: _____
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IF MISSING, COMPLETE THE FOLLOWING:		
Date Discovered Missing: _____ Time Discovered Missing: _____		
Equipment: _____ Asset Tag No.: _____		
Date Equipment last seen: _____ Time when Equipment was last seen: _____		
Location from which Equipment went missing: _____		
<b>Was Equipment Secured</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe _____
<b>Was there Evidence of Forced Entry</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe _____
<b>Were Police Notified</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which Department: _____ Date of Report: _____
<b>Equipment Details</b>	Date Equipment Purchased: _____ Price: _____ What was the Equipment used for: _____	
<b>Contact the IT Department at ext. 7777 for original purchase price/replacement cost and attach all documentation</b>		

IF DAMAGED, COMPLETE THE FOLLOWING:		
Equipment: _____ Asset Tag No.: _____		
Date Equipment Damaged: _____ Time Equipment Damaged: _____		
Description of Damage: _____		
<b>Equipment Details</b>	Date Equipment Purchased: _____ Price: _____ What was the Equipment used for: _____	
<b>Contact the IT Department at ext. 7777 for original purchase price/replacement cost and attach all documentation</b>		
<b>Estimate of Repair</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Amount: _____
<b>Attach a copy of the Estimate</b>		

<b>Signature</b>		<b>Date</b>	
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<p><b><u>PLEASE EMAIL COMPLETED FORM WITH ATTACHMENTS TO:</u></b>  <b>Denise.Absalom@thompsonschoools.org</b>                  Department of Risk Management &amp; Insurance                  800 S. Taft Ave. Loveland CO 80537                  P.970.613.5003    F.970.613.6169</p>
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