

TRACY UNIFIED SCHOOL DISTRICT

Business Services Department

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LOSS REPORT

(To be completed within 24 hours of loss, vandalism, theft, etc.)

School/Site: _____ Room/Area _____ Date of Loss: _____

Name: _____ District Property Personal Property
(please indicate with an "X" if District or Personal property)

Please describe (print or type) damages and/or losses. Please include equipment serial numbers, Tracy Unified School District inventory numbers, and model numbers. Please include copies of original purchase order, requisition or invoices in order to identify replacement costs. Be specific. Please allow 30 days for initial processing and replacement. **Note:** It is the responsibility of the person removing District owned property from a District site to replace any item lost, stolen or damaged due to removal or use. Personal property is not covered under the District's insurance policy (please reference bargaining unit Master Agreements for additional information).

Description: (what happened, what is the loss, where was it located, was there an alarm system and if so, was it activated, were doors and windows closed and locked, was it a "forced entry"(please provide as much detail as possible. Attach additional sheet, if necessary):

Police notified: _____ Date: _____ Police Report No.: _____

Principal's/Site Administrator's Signature: _____ Date: _____

Replacement Costs:

Time and Materials:

Date:	Purchase Order #:	TUSD Inventory #:	Company:	Cost:

Labor:

Date:	Name of Employee:	No. of Hours:	Cost: