

Departmental Building/Property Loss Report

Department: _____ Dept. Contact Person: _____

Stop # : _____ Phone # : _____ Fax # : _____

Date of Loss: _____ Time of Loss: _____ am _____ pm _____

Type of Loss (ex. fire, theft, flood, smoke, etc.): _____

Building Name, Building Number, and Address of Loss: _____

Description of what happened (Attach a copy of the Police Report if loss was criminal):

What was lost or damaged?

Lease # : _____ Serial #: _____ UND Tag #: _____

What was the estimated cost(s) associated with the loss (attach estimates if applicable):

If insurance claim is approved, account numbers where insurance proceeds should be deposited:

Fund # : _____ Dept # : _____ Project # : _____

Signature of Person Completing Form

Date