INDIANA STATE UNIVERSITY

Equipment Loss or Theft Report

Department	Date	
	Lost	Stolen
Location: Building	Room	
Equipment Description		
Property Tag		
Make	Serial	
Model	Cost or Value	
Person Directly Responsible for E	quipment	
Time and Circumstances Regardi	ng Loss:	
Steps taken to prevent further loss	ses	
Signatures of Acknowledgement:		
Head of Department		Date
Dean or Admn. Officer:		Date
Copy to: Property Accounting Public Safety		

Insurance Coordinator

Director of Contracts & Grants (If Grant Equip.)