

# CHAMPLAIN VALLEY EDUCATIONAL SERVICES

## LOST OR STOLEN PROPERTY REPORT

Submit completed form to: Business Manager

**Lost**

**Stolen**

**Building:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Immediate Supervisor:** \_\_\_\_\_

Room # or Location: \_\_\_\_\_

Description of Item: \_\_\_\_\_

Use: \_\_\_\_\_ NSCSD Inventory #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_

Date last seen: \_\_\_\_\_ Location last seen: \_\_\_\_\_

Approximate value: \_\_\_\_\_ Will item be replaced:  Yes  No

Replacement ordered:  Yes  No Approximate replacement cost: \_\_\_\_\_

Was a Police report taken:  Yes  No Which Police agency: \_\_\_\_\_

Case number: \_\_\_\_\_

Department Director notified?  Yes \_\_\_\_\_  No  
Date

Building Administrator notified?  Yes \_\_\_\_\_  No  
Date

Business Office notified?  Yes \_\_\_\_\_  No  
Date

Person reporting: \_\_\_\_\_ Director/Administrator: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_