

**Lost, Stolen, or Missing Inventory  
Acknowledgement of Inventory Verification**

Office: \_\_\_\_\_ Date \_\_\_\_\_

1. Item Description: \_\_\_\_\_

2. Asset / Inventory #: \_\_\_\_\_

3. Was Item Lost? YES \_\_\_\_\_ NO \_\_\_\_\_

Provide the date and a detailed explanation of the occurrence to include time, name of employee and last time the equipment was utilized.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Was Item Stolen? YES \_\_\_\_\_ NO \_\_\_\_\_

Provide the date and a detailed explanation of the incident to include time, name of employee and last time the equipment was utilized. (Attach copy of police report)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is Item Missing? YES \_\_\_\_\_ NO \_\_\_\_\_

Provide the date and a detailed explanation of the occurrence to include time, name of employee and last time the equipment was utilized.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the date, explanation of the occurrence / incident is accurate to the best of my knowledge and all required documentation has been attached.

Office Designee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Office Director's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Deputy Superintendent's Signature: