

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

Office:

Date:

Item Description:

Asset/Inventory #:

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.

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)

Was 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 knowledge and all required documentation has been attached.

Office Designee's Signature:

Date:

Office Director:

Date:

Approved By:

Deputy Superintendent's Signature: