[ ] Damage Report  [ ] Loss Report

Date of Incident ____________________________
Date Discovered ____________________________

Building ____________________________  Date Reported to Admin _______________

Authorized Signature ________________________________________________________________

List Damage or Loss __________________________  Cost to Repair _______________________

__________________________________________  _________________________________

__________________________________________  _________________________________

Describe Incident ____________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Form Completed by ____________________________  Date ____________________________

Complete the report immediately. If this request resulted due to damage, have Technology Services supply labor costs.

Forward copies to:  Asst. Superintendent's Office or Technology Services Department

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(FOR BUSINESS OFFICE USE)

Total Cost of Labor to Repair _______________________

Fringe Benefits _________________________________

TOTAL COST OF DAMAGE OR LOSS ________________

Money Received _________________________________

P.O. Copies Sent _______________________________