



## RISK MANAGEMENT PROPERTY DAMAGE CLAIM FORM

Today's Date: \_\_\_\_\_ Date of Loss: \_\_\_\_\_

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

Person responsible for Property: \_\_\_\_\_

Location of Loss: \_\_\_\_\_

Cause of Loss:  
(Fire, Theft, or Vandalism, etc.) \_\_\_\_\_

Description: \_\_\_\_\_

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

(continue on a separate page if necessary)

Statement of how loss occurred: \_\_\_\_\_

Police/Fire Department case #: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Replacement Cost: \_\_\_\_\_ Person reporting Claim: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

### TO BE COMPLETED BY RISK MANAGEMENT

Approved

Denied

Explanation: \_\_\_\_\_

Payment Authorized: \_\_\_\_\_

Print name

Signature

Please attach and send purchase requisition form with budget code blank.