



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.