



### Killeen Independent School District Property Loss Report

Date of Loss: \_\_\_\_\_ Police Case#: \_\_\_\_\_ Police Officer's Name: \_\_\_\_\_

Campus/Organization: \_\_\_\_\_

Type Report (Check one):  Burglary  Vandalism  Lost

1. Date/time of discovery & to whom reported: \_\_\_\_\_

2. Items lost:

Item Description	Model #	Serial #	KISD#	Asset Value (From Property Mgmt Records)	(√) Lost/Damaged		Replacement Desired Yes (√) No	

3. Brief description of loss/damage (include time/day/by whom missing items were last observed):

4. Report submitted by: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

5. Name/signature of Principal/Director: \_\_\_\_\_

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**Administrative Use Only**

Risk Management Services: Date received: \_\_\_\_\_

\_\_\_\_\_ Maintenance Services: Labor & cost to repair/reoccupy: \_\_\_\_\_

\_\_\_\_\_ Technology Services: Labor & cost to repair: \_\_\_\_\_

\_\_\_\_\_ Property Management Services: KISD Property  Yes  No Inventory Adjusted?  Yes  No

Date repairs/replacements initiated: \_\_\_\_\_ Other Costs: \_\_\_\_\_

\_\_\_\_\_ Budget /Finance: Charge to Account: # \_\_\_\_\_

\_\_\_\_\_ Purchasing & Warehousing Services:

DATE: \_\_\_\_\_ PO or Requisition # \_\_\_\_\_ COST: \_\_\_\_\_

Risk Management Services:

Date claim submitted to Insurance: \_\_\_\_\_ Insurance Claim Number: \_\_\_\_\_