MISSING, DAMAGED OR STOLEN PROPERTY REPORT

Name of Agency/Institution		Agency No.				
SAM HOUSTON STATE UNIVERSITY				753		
Place of occurrence	City		County			
Policy agency notified	Police report number	Disposal code	Estimated value at date	e of loss		
SERIAL NUMBER(S)	PURCHASE DATE		PURCHASE VALUE			
STATE PROPERTY NUMBER - COMPONENT NUMBER	DESCRIPTION		LOCATION			
Person(s) responsible for asset(s)	Property Manager name		Property Manager Pho	ne		
Report in detail (including what security measures were in place at the time.)						

Please check one box

	vestigation of the circumstances surrounding the state property listed herein indicates reasonable cause to believe that the		
	loss, destruction, or damage to this property WAS through the negligence of the person(s) charged with the care and custody of this property.		
	Our investigation of the circumstances surrounding the state property listed herein indicates reasonable cause to believe that the		
	loss, destruction, or damage to this property WAS NOT through the negligence of the person(s) charged with the care and custody of this property.		

Date

This form should be signed and dated by the agency/institution head or designated representative. If a designated representative completes this form, the rank of that individual should be greater than that of the property manager.

Sign here

Printed name and title

Retain this form for your files. If the property was missing, damaged, or stolen due to employee negligence, submit a copy of this form and a copy of the report, if applicable, to the Office of the Attorney General. If your agency is in Austin, a copy may be sent via interagency mail. Otherwise, fax a copy to the Attorney General at (512)320-8775.

IF FOUND: Complete this section and forward to SHSU Property Management.								
Location:	Bldg:	Room:	Date:					
Department Head/Director Signature								