

## **Report of Equipment Loss**

Department \_\_\_\_\_ Date Prepared \_\_\_\_\_

Address \_\_\_\_\_ Period Covered \_\_\_\_\_

Preparer's Name \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

For any equipment lost, the Capital Asset System's FD document and CAS04 Form must be completed and the FD 'Header' page must be attached to this Report of Equipment Loss Form.

**State the result of investigations and describe the action taken to eliminate or minimize reoccurrence of such loss:**

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Signature of Department Head or Designee