

REPORT OF LOST, STOLEN, DAMAGED OR DESTROYED PROPERTY

Entity Name : _____

Fund Cluster: _____

Department/Office : _____ Accountable Officer : _____ Designation : _____ Police Notified : <input type="checkbox"/> Yes Police Station : _____ <input type="checkbox"/> No Date : _____	RLSDDP No. : _____ RLSDDP Date : _____ PAR No. : _____ PAR Date : _____
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Status of Property : (check applicable box)

<input type="checkbox"/>	Lost
<input type="checkbox"/>	Stolen

☐ Damaged
☐ Destroyed

[illegible]**Circumstances:**

I hereby certify that the item/s and circumstances stated above are true and correct.

Signature over Printed Name of the Accountable Officer

Date _____

Noted by:

Signature over Printed Name of the Immediate Supervisor

Date _____

Government Issued ID : _____

ID No. : _____

Date Issued : _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, affiant exhibiting the above government issued identification card.

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