Form A
Lost/Theft Form

This form should be completed by the fiscal officer and submitted to Property Control.

Fiscal Officer: ________________________________ Extension: ________
Department: ________________________________ Location: ________
End User: ________________________________ UID: ________

Please complete the information in the table below for items that have been lost or stolen.

<table>
<thead>
<tr>
<th>Inventory Tag #</th>
<th>Description</th>
<th>Date Acquired</th>
<th>Origination Cost</th>
<th>Date Last Seen</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Police Report Number: ________________________________ Date Filed: ________________________________

Note: This form cannot be submitted without a lost/theft police report.

Were the following steps taken to locate the property? Please circle Y (yes) or N (no).

1. Checked every location under Fiscal Officer’s stewardship? Y / N
2. Involved all staff (Full/Part-time, Extra-Help, Student Workers, etc.) with search of assets? Y / N
3. Searched all past records (i.e. emails, internal records-hard copies, etc.)? Y / N
4. Searched all cabinets, storage rooms, classrooms and offices? Y / N
5. Has the Property Control Dept. assisted in the search? Y / N

Steps to take to prevent future Missing Inventory Assets

1. Designate KNOWLEDGEABLE full-time staff to handle all inventory matters.
2. Notify Property Control of designated knowledgeable staff chosen to handle all inventory matters.
3. Accurately complete Inter-Departmental Equipment Transfer Form C & submit to Property Control.
4. Make copies of all forms and paperwork for your internal record keeping.
5. Do not leave portable items (iPads & Laptops) out in the open and unattended.
6. Complete Form D for high theft items such as iPads and laptops being loaned to students and staff. Keep for your records.

Security: Securing assets which are portable high theft items

1. Securely lock all doors, safes, storage areas and cabinets.
2. Store all keys to locks, doors, safes and cabinets in a safe and secure place.
3. Assure that all doors are locked and safe from prohibited entry at the end of the work day.

Fiscal Officer Signature: ________________________________ Date: __________
Property Control Manager Signature: ________________________________ Date: __________