

CLAIM FOR REPLACEMENT OR REPAIR OF STOLEN OR DAMAGED EQUIPMENT, PROPERTY OR PROSTHESES: NON-UNIFORM EMPLOYEES AND OFFICERS

(Revised 2/98 - See reverse side for information)

Name of Claimant: _____

Address: _____ City: _____ ZIP: _____

Telephone Number - Home: _____ Work: _____

Civil Service Class (Name & Number): _____ Department: _____

Employee Social Security Number: _____

Description of Event: (Describe what happened in detail, using an additional page if necessary. Detail the circumstances that caused the damage or loss. Explain why the property was necessary to the performance of job duties. If an automobile was involved, complete the automobile section below.)

Items Damaged, Destroyed or Stolen:

Item	Lost (L)/ Damaged (D)	Date of Purchase	Purchase Amount	Replacement/ Repair Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total: \$ _____ \$ _____

Loss/Damage to Automobile:

Make/Model of Automobile: _____ Model Year: _____ License No.: _____

Name of Insurance Company: _____ Policy Number: _____

Amount of Deductible: \$ _____ Auto Use Authorized by: _____

I CERTIFY/DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT:

Employee Name (print) Employee Signature Date

--- Department Accounting Information ---

Funds for this claim are available and to be paid from the following:

Department: _____

Fund (Type/Fund/Subfund): _____

Index Code: _____

Project Number: _____

Approved and Certified as Funds Available

Department Head