

MISSING/FOUND ASSET REPORT FORM

Complete this form immediately after discovering an asset is missing or found. Return completed and signed form to Property Office for processing.

DEPARTMENT NAME: _____

ORGN NUMBER: _____

DATE MISSING: _____

ASSET INFORMATION

SHSU TAG#	DESCRIPTION	SERIAL NUMBER	LAST KNOWN LOCATION

Please check one box

<input type="checkbox"/>	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 <u>WAS</u> through the negligence of the person(s) charged with the care and custody of this property.
<input type="checkbox"/>	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 <u>WAS NOT</u> through the negligence of the person(s) charged with the care and custody of this property.

DEPARTMENT HEAD (TYPED)

DEPARTMENT HEAD SIGNATURE

DATE SIGNED

<p>IF FOUND: Complete this section and forward to SHSU Property Management.</p> <p>Location: Bldg: _____ Room: _____ Date: _____</p> <p>Department Head/Director Signature</p> <p>_____</p>
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PROPERTY OFFICE USE ONLY
RECEIVED:
BANNER:
VAX: