

Sam Houston State University  
STOLEN PROPERTY REPORT

Department Name	Orgn Number
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Place of Occurrence	City	County
Policy Agency Notified	Police report number (Attach copy of report)	Date of Theft

ASSET NUMBER (ORANGE TAG)	DESCRIPTION

PURCHASE DATE	SERIAL NUMBER	PURCHASE VALUE

Person(s) responsible for asset(s)	Department Head (Typed)	Department Head Phone Number
Report in detail (including what security measures were in place at the time.)		

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 Signature	Date
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<b>IF FOUND: Complete this section and forward to SHSU Property Management.</b> Location: Bldg: _____ Room: _____ Date: _____ Department Head/Director Signature _____
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