**Stephen F. Austin State University**

 **MISSING, STOLEN, OR DAMAGED PROPERTY REPORT**

[ ]  **Missing** [ ]  **Stolen** [ ]  **Damaged**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Department** | **Phone #** | **Box #** | **Equipment Manager** |
|  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SFA Inv #** | **Description** | **Room #** | **Purchase Date** | **Purchase Cost** | **Property Custodian** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Have the Police been notified:** [ ]  **no** [ ]  **yes (If yes, include a copy with this report)**

**Describe the circumstances surrounding this incident, including any and all persons associated with the loss, theft, or damage of this SFA property, and what security measures were in place.**

|  |
| --- |
| Click here to enter text. |

**Equipment Manager Signature Printed Name Campus ID #**

(Department Head)

**Upon receipt of this form the Property Office will schedule a follow up interview with the Property Custodian and the Equipment Manager; both will be required to attend**.

**FOR PROPERTY OFFICE USE ONLY:**

Property Manager Signature Date Received

Investigation by the Property Office of the circumstances surrounding the state property listed above indicates reasonable cause to believe that the loss, theft, or damage to the property

[ ]  **WAS** or [ ]  **WAS NOT**

the result of negligence of the person(s) charged with the care and custody of this property.