PROPERTY CLAIM WORKSHEET
REQUIRED INFORMATION FOR CLAIM PROCESSING:

Each item submitted as a damage or theft claim through Risk Management must include the following documentation. As an aid in submitting items for reimbursement, and to speed processing of your claim, please complete the check list and attach the required documentation for each item. Be aware that “upgrades” of equipment above the original are not covered and must be paid by the department along with the deductible. Please contact Risk Management at 584-5042 with any questions.

Date of Incident:_________________________   Description of Incident:__________________
_____________________________________________________________________________
Department: _____________________________  Contact Name:   _______________________
Contact Phone _______________ ML ______  Email __________________________________

Type of Claim (circle one):     Damage Claim  / Theft Claim

Location of Loss:_______________________________________________________________

Item *:  ______________________________________________________________________

Loss Summary Memo :          /    / __  ,    Police Report:   ___ /___ /____ ,    #__________
                                  Date      Date      Number

Original Item:
PO No. (original)_____________  UC Tag # _______  Serial Number____________
(attach copy)
Make/Model:  _________________________________________________________
Original Value $_____________    Date :_________    Asset # * _________
Replacement Value:$__________   Date:_________    Asset # * _________

If the item to be reimbursed is a Computer, please provide original specifications and hardware configuration for
Original.

Memory (Mb/Gb)      Hard Drive Size      Speed(Mhz/Ghz)      Accessories
Replacement.

Memory (Mb/Gb)      Hard Drive Size      Speed(Mhz/Ghz)      Accessories

Quotes for Replacement or Repair Func.
Departmental Account:  Fund __________Cost Center__________________   Area __

PURCHASING INFORMATION PROCESSED FOR REPLACEMENT ITEM:

Purchase Order Number (attach copy)_______________________    Invoice (attach copy)
NIU (form A-169) (for repair, or small, non-capital equipment reimbursements)
NIU # ________ Processed (Date) ___________

* Please see “Property Reserve Reimbursement for Assets” procedures link for repair or replacement of tagged assets

(For Risk Mgt. & Asset Mgt. use only)
Asset Management transfer:   amount ________ date ______________

Revised 02/17/2006