



FLEMING

Report of Theft, Loss or Damage

Check One: Theft Loss Damage

Description: _____

Date of Loss: _____

Location: _____ Room #: _____

Division: _____

Original PO #: _____ Purchase Date: _____

Serial #: _____ SSFC Ident #: _____

Account #: _____ Value \$ _____

Replacement
PO # _____

Inform Police	Phone	Check
Peterborough	876-1122	
Lindsay	324-2121	
Cobourg	372-2243	
Haliburton	457-1460	

Signature Inventory Holder:..... Initial Dept. Supervisor.....

Original to Vice President, Corporate Finance. Copies to Budget Services and Purchasing.

Purchasing use only:			
Removed from inventory list:	Yes	No	Date:
Budget services use only:			
Division budget noted:	Yes	No	
Insurance claim submitted:	Yes	No	
Copy to insurance:	Yes	No	Date: