

# Administrative Loss/Damage Report

Date of Report:

Reported By:

Department/Unit:

Date and Time of Loss/Damage:

Description of Lost/Damaged Item(s):

Circumstances of Loss/Damage:

Immediate Actions Taken:

Estimated Value/Cost:

Remarks/Recommendations:

Prepared by:

Noted by (Supervisor):

\_\_\_\_\_  
Signature over Printed Name

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Signature over Printed Name