

UNIVERSITY DEPARTMENT _____ DEPARTMENT # _____

UNIVERSITY CLAIM # _____

ARIZONA DEPARTMENT OF ADMINISTRATION

RISK MANAGEMENT SECTION

PROPERTY LOSS REPORT

AGENCY U of AZ 412	DIVISION	SECTION	AFIS MAILCODE	RMS NO. (FOR RMS USE ONLY)
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This Report Involves: _____ State Building _____ State Owned Property

Person To Contact - About incident: _____

Telephone Number: _____

FACTS	Date of Loss: _____	Time: _____ a.m. _____ p.m.	Weather: _____	
	Location: _____			
	Description of Incident: _____			

	Who Was Notified?	Name	Address	Telephone
	What Action Was Taken by the Agency Following Damage?			

PROPERTY	Description of Property Involved: _____
	Estimated Amount of Loss: _____

PARTY RESPONSIBLE FOR LOSS	Name (Individual or Firm) – That caused loss, if known _____
	Address _____ Phone: _____

WITNESSES	1) Name _____	Address _____	Phone No. _____
	2) Name _____	Address _____	Phone No. _____
	3) Name _____	Address _____	Phone No. _____

POLICE REPORT	Agency _____	Officer and ID No. _____	Report No. _____
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REMARKS	_____

Reported By _____ (Person Completing Report)	Date _____	_____ Mail _____ In Person _____ Phone
Authorized Supervisor _____	Date _____	

MAIL COMPLETED FORM TO: Risk Management, PO Box 210300, Tucson, Arizona 85721-0300 or FAX 621-3706

THE STANDARD FOR REPORTING LOSSES OVER \$10,000 IS ONE DAY AND TEN DAYS FOR ALL OTHER LOSSES. TO PREVENT PREJUDICING YOUR CLAIM, RETURN THE PROPERTY LOSS REPORT WITHIN THE STANDARD AND FOLLOW WITH SUPPORTING DOCUMENTS AS SOON AS POSSIBLE. IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM CALL JOY BAINE 621-3482. PLEASE PRINT OR TYPE

**ADMINISTRATIVE CONTACT:
(DEPARTMENT REPRESENTATIVE)**

PHONE #

**FOR PROOF OF UNIVERSITY OWNERSHIP
ATTACH AS MANY AS APPLY, AT LEAST ONE**

- ORIGINAL** **PURCHASE ORDER**
- INVENTORY RECORD**
- GIFT REPORT** **A TAG NUMBER**
- OTHER RECORD** **DESCRIBE**

**FOR NON-OWNED PROPERTY THAT THE UNIVERSITY IS RESPONSIBLE FOR UNDER WRITTEN AGREEMENT
ATTACH AS MANY AS APPLY, AT LEAST ONE**

- ORIGINAL** **LOAN AGREEMENT**
- "ZERO DOLLAR" PURCHASE ORDER**
- CONTRACT**

**REPAIR OR REPLACEMENT IN EXCESS OF \$100
ATTACH AS MANY AS APPLY, AT LEAST ONE**

- ORIGINAL** **ITEMIZED ESTIMATE**
- PURCHASE ORDER FOR NEW ITEM(S)**
- VENDOR STATEMENT OF NON-SERVICEABILITY**
- CURRENT CATALOG PAGE(S) WITH ACTUAL PRICES PAID**
- ATTACH IF AVAILABLE**
- PHOTOS OF DAMAGE**
- STATEMENT OF CAUSE OR CONDITION CONTRIBUTING TO LOSS**