

Report of Lost, Missing, or Stolen Equipment

Return to: Inventory Control Office (ext. 3397), MS 1247

Name (Please Print): _____ Ext. _____

Department/Unit: _____ Location: _____

BSU Tag No.	Description of Missing Item	Manufacturer's Serial No.

BRIEF description of circumstances: _____

Date Reported to Boise Police Department: _____

Will this equipment be replaced: YES NO

Dept Head/Director Signature: _____ Date: _____

Inventory Control Use Only
Date removed from inventory: _____