

**THEFT OR PROPERTY DAMAGE OF UNIVERSITY EQUIPMENT
CLAIM FORM**

THEFT PROPERTY DAMAGE

Reported By: _____ Department: _____	Phone Number: _____ Campus Address: _____
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IF THEFT, COMPLETE THE FOLLOWING:		
Date Theft Discovered: _____		Time Theft was Discovered: _____
Equipment: _____		University Serial No.: _____
Date Equipment last seen: _____		Time when Equipment was last seen: _____
Location from which Equipment was Stolen: _____		
Was Equipment Secured	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe _____
Was there Evidence of Forced Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please describe _____
Were Police Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, which Police Department: _____ Date of Report: _____
Attach a Copy of the Police Report		
Equipment Details	Date Equipment Purchased: _____ Price: _____ What was the Equipment used for: _____	
Attach a copy of the Original Purchase Order or Invoice		

IF DAMAGE, COMPLETE THE FOLLOWING:		
Equipment: _____		University Serial No.: _____
Date Equipment Damaged: _____		Time Equipment Damaged: _____
Description of Damage: _____		
Equipment Details	Date Equipment Purchased: _____ Price: _____ What was the Equipment used for: _____	
Attach a copy of the Original Purchase Order or Invoice		
Estimate of Repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Amount: _____
Attach a copy of the Estimate		

Signature _____	Date _____
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PLEASE MAIL OR FAX COMPLETED FORM WITH ATTACHMENTS TO:
Department of Risk Management & Insurance
Administrative Services Building III
3 Rutgers Plaza, Cook Campus
Fax: (732) 932-2580