Print Form

Department of Administration
RISK MANAGEMENT

PROPERTY LOSS FORM

INSTRUCTIONS:
Report thefts and or damage to state property that exceeds deductible (Property $1,500~Computers $2,500~Boiler $10,000)
Send completed form along with photographs to: Risk Management 201 S. Roop Street, Suite 201 Carson City, NV 89701

Agency

Agency _____ Budget Account Number _____

Agency Address _____ City _____ State _____ Zip _____

State Employee Involved _____ Daytime Phone _____

What Happened

Date of Incident _____ Time _____ Building Name _____

Incident Location: Street Address and City _____

Brief Summary of facts _____

_____

_____

Did police investigate? _____ Report Number _____

Settlement/State Property

Damaged State Property _____

Where can property be inspected? _____

Complete all the cost and value blanks:

A. Item's value shown on inventory $_____

B. Cost to repair $_____ Lowest of 3 estimates or bids-please attach.

C. Cost to replace (If needed) $_____ Cost to buy new item of same/like kind & quality.

If State property is to be replaced, proof of ownership must be provided (i.e. copy of invoice when item first purchased or copy of inventory report) along with the **ORIGINAL** invoice for replacement item. Risk Management will pay the vendor directly once the above-mentioned paperwork is received along with the assigned deductible from the affected agency. If agency pays vendor directly, Risk Management will reimburse agency; less the deductible, once proof of ownership, proof of payment, copy of invoice and reimbursement request (form rmreim) is received.

Contact

PERSON CERTIFING THE REPORTED LOSS OF STATE PROPERTY

BY USE OF THIS FORM, you are certifying, subject to audit, that:

1. **The event of loss and damage are as described**
2. **Any repairs, or replacements conform to state bidding, contracting and purchasing rules and procedures.**
3. **You are keeping all documents for this loss in your files. We may need more information or state audits may include reviews of your losses.**

Authorized Signature _____ Title _____

Phone _____ Date Submitted _____