

9/2/05



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT

Property Loss Report

San Mateo County Community College District Office of Executive Vice Chancellor (650) 358-6786 Fax: (650) 574-6574		Sent to: SMCCCD 3401 CSM Drive San Mateo, CA 94402	
Campus		Report Date:	
Room(s)/Area(s):		Probable Date/Time of Occurrence:	
Date/Time Discovered:		By Whom:	
Witness' Name & Address:			Witness' Tel#:
Student <input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/>		If visitor, purpose for being on Campus:	
Vandalism: <input type="checkbox"/> Theft: <input type="checkbox"/> Break-In: <input type="checkbox"/> Fire: <input type="checkbox"/> Weather: <input type="checkbox"/> Other: <input type="checkbox"/>			
Description of Damage:			
List Items Missing:			
Police(Security) Report: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Administrator: (signature)	
(Please note any other pertinent information on other side of paper and attached copies of other correspondence relating to incident.)			
For Business Office Use Only			
Facilities & Maintenance Dept.:			
Labor: _____ hours at _____ per hour. Total Labor: _____			
Business Dept: Materials to be purchased.			
Quantity	Description	Cost	PO#
Estimated cost of Damage:		Actual Cost of Damage:	
To be Reimbursed/Send Bill to:		Bill Sent by:	
		Date Sent:	
		Date Reimb. Received:	
Insurance Claim File#		Date Filed:	