

# Departmental Loss Statement

Department Name: \_\_\_\_\_

Statement Period: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

## Details of Losses

S.No.	Date of Loss	Type of Loss	Description	Estimated Amount	Remarks
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

Total Estimated Loss: \_\_\_\_\_

## Important Notes

- This statement should only include losses directly attributable to the department during the stated period.
- All amounts should be supported by relevant documents and evidence wherever possible.
- The statement must be reviewed and signed off by the department head before submission.
- Any discrepancies must be investigated and resolved before finalizing the document.
- Records should be securely maintained for future reference and audit purposes.