

# Office Lost Item Requisition Form

Date Reported

Reported By (Name)

Department

Employee ID

Description of Lost Item

Estimated Value

Date Lost

Location Where Item Was Lost

Circumstances/Details

Action Requested

Select

If 'Other', please specify

Employee Signature

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Date

Supervisor/Manager Approval

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Date

### **Important Notes:**

- Ensure all relevant information is filled accurately to avoid delays in processing.
- This form must be signed by both the reporting employee and their immediate supervisor/manager.
- Falsification of information may result in disciplinary action.
- Submit supporting documents or evidence if available.
- Keep a copy of the completed form for your records.