

Lost Item Replacement Requisition Request

Request Number: _____

Date of Request: _____

Requested By (Name): _____

Department/Unit: _____

Contact Information: _____

Description of Lost Item:

Item Serial/ID Number (if any): _____

Date Item Was Lost: _____

Location Item Was Lost: _____

Reason for Replacement:

Replacement Item Requested: _____

Estimated Value: _____

Approval (Supervisor/Manager): _____

Date of Approval: _____

Important Notes:

- All lost item incidents should be reported immediately to the appropriate authority.
- This requisition form must be duly completed and approved before any replacement can be processed.
- Supporting documents, such as incident reports or loss declarations, may be required.
- Repeated losses may be subject to additional review and policy actions.
- Keep a copy of this form for your records after submission.