

# Official Lost Item Report and Requisition Document

Document No.: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## A. REPORTER INFORMATION

Full Name	_____
Department / Unit	_____
Contact Number	_____
Position/Role	_____

## B. LOST ITEM DETAILS

Item Description	_____
Serial/ID Number	_____
Date Lost	____ / ____ / ____
Location Last Seen	_____
Estimated Value	_____
Detailed Circumstances	_____ _____

## C. REQUISITION REQUEST

Replacement Requested	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
Reason for Requisition	_____
Additional Comments	_____

## D. SIGNATURE & AUTHORIZATION

Reported By:	
Name:	_____
Signature:	_____
Date:	____ / ____ / ____
Department Head:	
Name:	_____
Signature:	_____
Date:	____ / ____ / ____
Admin Use Only:	
Name:	_____

Signature: \_\_\_\_\_

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

\_\_\_\_\_

**Important Notes:**

- This document serves as the official record of a lost item and requisition request.
- All sections must be completed accurately and truthfully by the reporting person.
- Approval from the department head or authorized personnel is required before processing any requisition.
- False reporting may result in disciplinary actions.
- Keep a copy of this document for your records.