

Loss/Damage Inventory Statement

Date of Report: _____

Reported by (Name): _____

Contact Information: _____

Department / Location: _____

Details of Incident

Date & Time of Incident: _____

Location of Incident: _____

Description of Incident:

Inventory of Lost/Damaged Items

#	Item Description	Quantity	Estimated Value (USD)	Status (Lost/Damaged)	Remarks
1					
2					
3					
Total Estimated Loss:					

Action Taken / Additional Comments:

Signature of Reporter

Date

Important Notes:

- Ensure all details are accurate and complete.
- Attach supporting documents (e.g., photos, receipts) if available.
- This report may be used for internal review and insurance purposes.
- Submit the completed form to the appropriate department as soon as possible.
- Keep a copy of this statement for your records.