

# INVENTORY LOSS FORM

San Diego Unified School District

Site/Dept. \_\_\_\_\_ Loc. No. \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Room # \_\_\_\_\_

Item Description	Serial # and/or District Property #	P.O. # If Available	Date of Purchase	Quantity	Purchase Price	Line Total
<b>TOTAL</b>						

\_\_\_\_\_  
Contact (Please Print)

( ) \_\_\_\_\_  
Telephone Number

Approved by: \_\_\_\_\_  
Site/Dept. Administrator

\_\_\_\_\_  
Date