

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
TOTAL						

SAMPLE

* Attached documentation: Copies of Order Requests, copies of Price Lists, and/or Receipts, etc.

Contact (Please Print)

() _____
Telephone Number

Approved by:

Site/Dept. Administrator

Date