Damaged Property Spreadsheet

Claim Number (For ORM USE)

Page _____ of _____

Building: **Date of Loss:**

Name (Person Completing the Report)	Department	Phone #	Email

Item #	Room #	Damaged Property Items (Name or Description) Include quantity for supplies i.e. (IsoTemp 210 Water Bath, or 20-10ml Pipettes) □	LSU Inventory #. (Serial Number if Missing Tag <$1000)	Preliminary repair/replacement cost estimate (Estimates will not limit coverage)	Photographed? (Provide File Name or Name File with LSU Inventory# or Item# (Row) and check box.)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
If an item was not in use, in good working condition, or had previous damage, provide a statement documenting its condition before the loss and			**Total Estimate**		

I certify that all items reported above were in use, in good working condition at the time of loss, and free of previous damage. If not, I have provided an attached statement documenting the items condition prior to the loss.

_____

Signature