

**BILLINGS PUBLIC SCHOOLS
PROPERTY DAMAGE OR LOSS REPORT**

Facility Dept. W.O. # _____

School _____ Phone # _____ Report Date _____

Report by _____ Time/Date of Damage/Loss _____

Type of Damage: Vandalism _____ Theft _____ Other _____

Description of Damage or Loss: _____

Specific Location: _____

Discovered By: _____ Date/Time _____

PROPERTY STOLEN OR DAMAGED

Quantity	Item Description	Brand	Model	Serial #	Value

Vendor Quotes	Facilities Labor	\$
	Travel	\$
	Materials	\$
	Misc. Expense	\$
	TOTAL COST:	\$

Police Report # _____ Dated _____

Possible Suspects: _____

Administrator/Contact Person's Signature _____

SEND ORIGINAL TO FACILITIES SERVICES