



Capital Asset Property Loss

Overview: This form is to be completed and attached to the asset retirement eDoc in KFS to remove a lost, destroyed, or stolen movable capital asset. Two departmental signatures are required prior to submission.

Reporting information

Reason for report: ☐ Lost ☐ Destroyed ☐ Stolen Date of report: _____
Department name: _____ Org code: _____
Name of employee accountable for asset: _____
Dept. administrator, property manager, principal investigator
Job title: _____ Phone: _____

Asset information

Description of asset from KFS:

Asset #: _____ Tag #: _____
Serial #: _____ Model: _____
Manufacturer: _____ Original PO #: _____
Ownership: ☐ Government/non-MSU ☐ MSU ☐ On loan to MSU
Last known location: _____ Last inventory date: _____
Building and room number

Estimate financial impact

Salvage value (if damaged): _____ Cost of loss (if stolen): _____
Net book value

Security

How was the asset secured, stored, or accounted for?

Examples: assigned to an individual, limited access area, periodic spot checks, logged in/out

Explain procedures that have been implemented to prevent the loss of future property.



Actions

If lost or stolen, explain the actions taken to locate the property.

If stolen: was the theft promptly reported to the MSU Police Department? ☐ Yes ☐ Reported later ☐ Never reported

MSU Police report number: _____ Report date: _____

Acknowledgment

The above form is completed and accurate to the best of our knowledge.

Note: Both signatures are required for the form to be accepted.

Role 6 CAM Processor responsible for asset

Signature: _____

Date: _____

Printed name: _____

Phone: _____

Unit Equipment Custodian - MAU Leader (*dean, director, or chair*)

Signature: _____

Date: _____

Printed name: _____

Phone: _____