



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: _____