

MISSING EQUIPMENT REPORT

Date: _____

Staff Name: _____

Location: _____

Name of Missing Equipment: _____

P.C.#: _____ Serial #: _____

Color: _____ Brand Name: _____

Have you checked the following locations:

Your Classroom	Yes _____	No _____
Media Center	Yes _____	No _____
Front Office	Yes _____	No _____
Classroom on Either Side	Yes _____	No _____
Custodial Room	Yes _____	No _____
All Classrooms	Yes _____	No _____
All Storage/Rooms	Yes _____	No _____

Do you have any idea what may have happened to the equipment?

Yes _____

No _____

If yes, Explain:

Signature of Staff Member

Submit to Ms. Patrick