UNIVERSITY OF WISCONSIN - LA CROSSE
PROPERTY LOSS REPORT

Building Name: _____

Department/Unit Name: _____

Account Code: 1-285-0E- (_____) (_____) (_____)
Fund - 3 Digit Program – 2 Digit Organization Number – 6 Digit

Note: Account Code is the Department/Unit account used to pay for repair or replacement of the property.
Note: The Department/Unit submitting this report must also provide a receipt, invoice, purchase order, cancelled check, work order or other documentation to substantiate the cost of repair, replacement and/or clean-up costs associated with the lost or damaged property.

Date of Loss: _____ Time of Loss: _____ a.m./p.m.

Item(s) Lost: (If more space is needed, use back of form.)

Description (Name, Model, Serial Number, Etc.)	Year Acquired	Estimated Replacement Cost

Describe in detail the cause of loss, how loss occurred and the extent of damage: (Police report required if theft, vandalism, malicious mischief or collision) (If more space is needed, use back of form.)

_____ _____
Date of Report Printed Name of Person Filing this Report

Questions related to this claim can be answered by calling UW-L Risk Management at (608) 785-6800.
Send this completed form to: UW-L Risk Management, 855 East Avenue North, La Crosse, WI 54601