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.)

<table>
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<tr>
<th>Description (Name, Model, Serial Number, Etc.)</th>
<th>Year Acquired</th>
<th>Estimated Replacement Cost</th>
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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) 785-8569.
Send this completed form to: UW-L Risk Management, 125 Graff Main Hall, 1725 State Street, La Crosse, WI 54601