

Report of Missing or Stolen Property
Texas A&M Health Science Center Property Management

Department/Sub Department Code: _____ Date: _____

Asset #: _____ Serial #: _____

Asset Description: _____

Acquisition Cost: \$ _____ Acquisition Date: _____

Date of Discovery: _____ *Missing or Stolen (Circle One)*

Names(s) of last person(s) in custody of asset: _____

Please explain: _____

If Stolen: *Original police incident report must be attached.*

If Missing: The following investigative steps must be completed:	<u>Date Completed</u>
• Physical search of last known location and surrounding area.	_____
• Question last person(s) in custody of asset.	_____
• Follow up on any leads. If informed that asset was transferred to another department, then contact department and attempt to confirm transfer.	_____
• APO or Alt APO contacts departmental employees to solicit aid in searching for asset and takes corrective actions to more fully secure assets.	_____

Signature: To be Completed by Department Head:

Please check one box. If applicable, indicate "unable to determine" here:

<input type="checkbox"/> Our investigation of the circumstances surrounding the disappearance of the state property listed herein indicates reasonable cause to believe that the loss, destruction, or damage to this property was through negligence of the person(s) charged with the care and custody of this property and is, therefore, being reported as required by Tex. Gov't Code Ann. sec. 403.276(a) and (b).	<input type="checkbox"/> Our investigation of the circumstances surrounding the disappearance of the state property listed herein indicates that the person(s) charged with the care and custody of this property was (were) not negligent to the extent indicated in Tex. Gov't Code Ann.sec. 403.276(a) and (b).
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_____ X _____

Date **Department Head Signature**

If Recovered: Complete this section and forward to HSC Property Management.

Location: Bldg.#: _____ Room: _____ Other Location: _____

_____ X _____

Date **Department Head/Alt APO Signature**