UNIVERSITY OF MISSOURI
DISAPPEARANCE OF ASSETS AND MONEY

INSTRUCTIONS

The theft or disappearance of money, securities, property or equipment owned by the University, rented or leased by or for the University, or for which the University has legally accepted custody and responsibility, is to be reported IMMEDIATELY to the University Police by telephone and on this form. This form is to be typed (original only), signed by the Department or Administrative Head who is charged with the care, custody or control of the money, securities, and/or property and equipment which was either stolen or disappeared, and forwarded to the Campus Business Office WITHIN 24 HOURS AFTER DISCOVERY OF THE LOSS, and to UM Risk and Insurance Management and UM Internal Audit WITHIN 48 HOURS AFTER DISCOVERY OF THE LOSS.

1. DATE OF REPORT

2. CAMPUS
☐ COLUMBIA ☐ KANSAS CITY ☐ ROLLA ☐ ST LOUIS ☐ UM SYSTEM ☐ HOSPITAL

3. THEFT OR DISAPPEARANCE OF
☐ MONEY OR SECURITIES ☐ PROPERTY

4. DATE OF DISCOVERY OF LOSS

5. DATE DEPARTMENT HEAD NOTIFIED OF LOSS

6. TIME OF DISCOVERY OF LOSS
AM PM

7. NAME OF PERSON DISCOVERING THE LOSS

8. WAS UNIVERSITY POLICE DEPARTMENT NOTIFIED?
☐ NO ☐ YES DATE

9. NAME OF PERSON MAKING NOTIFICATION TO UNIVERSITY POLICE

10. NAME OF BLDG. OR OFFICIAL LICENSE NO. OF VEHICLE IN WHICH LOSS OCCURRED.

11. WAS A FORCED ENTRY MADE?
☐ YES ☐ NO

12. WERE ALL DOORS & WINDOWS LOCKED?
☐ YES ☐ NO

13. HAS THERE BEEN A SIMILAR LOSS IN THE LAST 12 MONTHS?
☐ YES ☐ NO

14. OWNERSHIP OF PROPERTY AND EQUIPMENT LOST:
☐ UNIVERSITY OWNED ☐ UNIVERSITY RENTED OR LEASED ☐ UNIVERSITY ACCEPTED RESPONSIBILITY

15. PROPERTY AND EQUIPMENT LOST (IF MORE SPACE IS NEEDED, LISTEN ON SEPARATE SHEET):

QTY.	DESCRIPTION, INCLUDING UNIVERSITY INVENTORY NUMBER & SERIAL NUMBER	ORIGINAL COST	CURRENT REPLACEMENT VALUE	UNDER SELF-INS. PROG. YES	UNDER SELF-INS. PROG. NO

16. AMOUNT OF MONEY & SECURITIES LOSS (IF MAKE-UP IS NOT IMMEDIATELY KNOWN, ENTER TOTAL ONLY)

$ COIN $ CURRENCY $ CHECKS $ MONEY ORDERS $ SECURITIES $ TOTAL

17. BASED ON AVAILABLE INFORMATION, DESCRIBE HOW LOSS OCCURRED OR CIRCUMSTANCES SURROUNDING LOSS

18. NAMES OF PERSONS WHO HAVE OR MAY HAVE ANY KNOWLEDGE AS TO HOW LOSS OCCURRED, INCLUDING COMMENTS OR STATEMENTS MADE BY SUCH PERSONS

19. RECOMMENDATIONS AS TO HOW SIMILAR LOSSES CAN BE PREVENTED IN THE FUTURE (ATTACH ADDITIONAL PAGE IF NEEDED)

20. NAME OF DEPARTMENT HAVING CARE, CUSTODY OR CONTROL OF LOST PROPERTY

21. DEPARTMENT TELEPHONE NUMBER

22. NAME OF DEPARTMENT HEAD (TYPED)

23. SIGNATURE OF DEPARTMENT HEAD

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