



Capital Asset Property Loss

Overview: This form is to be completed for any assets that have been lost, destroyed, or stolen. The asset will need to be removed from the Capital Asset Management system (CAMs) via an asset retirement eDoc in KFS, with the completed form attached. Two departmental signatures are required prior to submission.

Reporting information

Reason for report: ☐ Lost ☐ Destroyed ☐ Stolen Date of report: _____
Department name: _____ Org Code: _____
Name of employee accountable for asset: _____
Dept. administrator, property manager, principal investigator
Job title: _____ Phone: _____

Asset information

Description of asset:

Asset #: _____ Tag #: _____
Serial #: _____ Model: _____
Manufacturer: _____ Original PO #: _____
Est. salvage value (if damaged): _____ Est. cost of loss: _____
Net book value
Ownership: ☐ Government/non-MSU ☐ MSU ☐ On loan to MSU
Last known location: _____ Last inventory date: _____
Building and room number



Security

How was the asset secured, stored, or accounted for?

Examples: assigned to an individual, limited access area, periodic spot checks, logged in/out

Explain procedures that have been implemented to prevent the loss of future property.

If lost or stolen, explain the actions taken to locate the property.

If stolen: was the theft promptly reported to the MSU Police Department? ☐ Yes ☐ Reported later ☐ Never reported

MSU Police report number: _____ Report date: _____

Employee acknowledgement

The above form is completed and accurate to the best of our knowledge. The two employees that have signed below will remove the asset defined above from CAMs via asset retirement in KFS and attach this completed form.

Employee responsible for asset

If the department fiscal officer (FO) is the employee responsible for the asset, they must sign this form here and have a department administrator sign below.

Signature: _____ Date: _____

Printed name: _____ Phone: _____

Department fiscal officer

If the FO is the employee responsible for the asset, a department administrator must sign below.

Signature: _____ Date: _____

Printed name: _____ Phone: _____