



PERSONAL PROPERTY DAMAGE/LOSS CLAIM FORM

INSTRUCTIONS: Use this form to claim reimbursement for damaged/loss personal property only if damage/loss is not excluded under the Howard University Personal Property Loss Reimbursement Policy (the "Policy"). Complete this form, attach documentation identified in the Policy, and submit form and documentation to the appropriate University official(s) identified in Section V(C) of the Policy. You may copy extra sheets of this form if necessary.

Claimant Name: _____ Employee/Student ID No. _____

Claimant Address: _____

Telephone No: _____ Email Address: _____

Department, Position, Title at the University: _____

Date of Event Causing _____ Date University Published _____ Date of Access to
Causing Damage/Loss: ____/____/____ Claim Process Notice: ____/____/____ Quarantined Property: ____/____/____

Describe efforts to mitigate damaged/loss property: _____

Explain why Howard University is liable for the damage/loss: _____

CERTIFICATION: I understand that it is a crime to knowingly or intentionally defraud Howard University or any insurance company by: (1) filing a claim containing any materially false information; or (2) concealing information concerning any material fact thereto for the purpose of misleading the University or any insurance company. Accordingly, under penalty of perjury, I certify that the information supplied on this claim form and the documentation attached hereto is true and correct.

Claimant Signature: _____ Date: _____

Name of Dept. Chair/Supervisor: _____	Dean _____ College/School: _____
<input type="checkbox"/> Claim Approved <input type="checkbox"/> Claim Denied	<input type="checkbox"/> Claim Approved <input type="checkbox"/> Claim Denied
Comment _____	Comment _____
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Signature: _____ Date: _____	Signature: _____ Date: _____
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