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 Damage/Loss: _______/_________/________ Date University Published Claim Process Notice: _________/_________/_______ Date of Access to 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: __________________________________________

Claim Approved Claim Denied

Comment____________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: __________________________ Date: __________________

Dean ___________________________ College/School: __________________________

Claim Approved Claim Denied

Comment____________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: __________________________ Date: __________________
INSTRUCTIONS: Please complete this form, attach documentation identified in the Howard University Personal Property Loss Reimbursement Policy (the “Policy”), and submit this form and documentation to the appropriate University official(s) identified in Section V(C) of the Policy. You may copy extra sheets of this page if necessary.

Date of Event Causing Loss/Damage: ________________________  Locale Where Damage Occurred: ________________________

<table>
<thead>
<tr>
<th>Describe Loss and/or Damage to Property</th>
<th>Repair Cost</th>
<th>Claim Amount and Rationale</th>
<th>Date Acquired &amp; Original Purchase Price</th>
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