





SUPPLY MANAGEMENT SERVICES

Annex A.9

REPORT OF LOST, STOLEN, DAMAGED OR DESTROYED SEMI-EXPENDABLE PROPERTY

Entity Name:				Fund Cluster:
Department/Office:_				RLSDDSP No.:
			_	RLSDDSP Date :
			_	ICS No.:
Police Notified:	Yes Police Station : _			ICS Date :
	Date :			
	No			
Status of Property : (ch	eck applicable box)			
	Lost		Damaged	
	Stolen		Destroyed	
Property No.	Descri	ption		Acquisition Cost
Circumstances:				
·				
- 				
71 1 2C 1 1		1 1		
I hereby certify that the item/s and circumstances stated above are true and correct.			N - 4 - 4 1	
and correct.			Noted by:	
Signature over Printed Name of the Accountable Officer Signature of the Accountable Officer			Signature ov	ver Printed Name of the Immediate
				Supervisor
	Date			Date
	·			
ID No. :				
Date Issued :				
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