



MISSISSIPPI STATE UNIVERSITY

Sponsored Equipment Loss Form

Prime Contractor: _____ Date: _____

Principal Investigator: _____ Dept/Division: _____

Subcontractor: _____ Award Title: _____

Fund: _____ Award End Date: _____

Location of Incident: _____ Date of Incident: _____

Type of Incident: Lost Improperly Disposed Destroyed Stolen Cannibalized

Other (please explain): _____

Serial Number: _____ Inventory Number: _____

Description: _____ Qty.: _____ CA/GFE: _____

Manufacturer: _____ Model No.: _____

National Stock No.: _____ Unique Item Identifier: _____

Is there a Current/Future Need: _____ Acquisition Cost/GFE Value: _____

Incident Narrative: _____

Corrective Action Taken: _____

Police Report Attached: Supporting Documentation Attached:

Did the property contain: Sensitive Information Hazardous Material

Subcontractor PI: _____

Printed Name Signature Date

Prime Contractor PI: _____

Printed Name Signature Date

Property Officer: _____

Printed Name Signature Date