MANSFIELD UNIVERSITY

STUDENT GOVERNMENT ASSOCIATION

**LOST/STOLEN/DAMAGED**

**INVENTORY FORM**

Please fill out the form below and email to COF@mansfield.edu or deliver to Room 203 Alumni Hall Student Center. Please make sure that all information is accurate.

**Name of Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submitted On**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Received On**: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name: Position**:

**Faculty Advisor:**

In the space below provide the name of the item stolen/lost and also the approximate value of said item(s).

Name of Item Lost/Stolen/Damaged:

Approximate Cost of Item:

Reason Why Item Was Lost/Stolen/ Damaged:

I aff**i**rm that all information on this form is, to the best of my knowledge, true and accurate. I understand that failure to disclose any information vital to pursue this matter in any way will result in the audit of the organization in question.

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_