

MISSING AND / OR STOLEN ASSET REPORTING FORM

Department [_____] School [_____] Date [_____]

Property Involved

Description of Property:

BCIT Asset #:

Serial #:

Estimated Value of Property:

Property is:

☐ Owned

☐ Leased

☐ Personal

When was the last time that the asset was seen/used?

Where was the last known location of the asset? Building [_____] Room [_____]

Please describe the context of the asset going missing?

Will you be replacing this asset?

☐ Yes

☐ No

Who was the last person to see/use this asset? Name [_____]

A00# [_____]

Dean / Director

Name [_____]

Signature [_____]

Upon completion of this form, please submit to BCIT_Safety_and_Security@bcit.ca.