

The University of Texas Health Science Center at Houston

Report of Lost or Stolen Equipment

(Send original to Information Technology Security - UCT770. Make a copy for departmental records.)

School: _____

Department: _____ Address: _____ Ext: _____

Retirement is requested for the following equipment which has been lost or stolen:

UT Asset Tag #	Item(s)	Manufac Name	Model	Serial #

Individual directly responsible for equipment: _____ Ext: _____

Date and time of loss: _____

Circumstances regarding loss:

Steps taken to prevent further losses:

If theft has occurred:

Date University Police notified: _____ Incident Report No: _____

Approved – Department Chair: _____ Date: _____

Dean: _____ Date: _____

Chief Financial Officer: _____ Date: _____

Reviewed – Asset Office: _____ Date: _____

Retired Date: _____