

**LOSS, DESTRUCTION OR DAMAGE OF PERSONAL PROPERTY
CLAIM FORM (Policies DPA & DPB)**

COMPTON UNIFIED SCHOOL DISTRICT
Form F 369

Name _____ Classification _____

School/Work Site _____ Date of Report _____

Date of Occurrence _____ Type of Equipment/Personal Property/Vehicle _____

Complete Description of Equipment/Personal Property/Vehicle _____

Current Cash Value (please attach estimate) _____ Description of Circumstances Surrounding the
Theft/Destruction/Damage _____

Written Approval to Use Personal Property/Vehicle in the line of duty given by _____
_____ (please attach a copy of the written approval).

*I certify that the above is a true account of the circumstances causing
this loss and that I have read the Board Policies regarding such losses.*

SIGNATURE OF CLAIMANT

SIGNATURE OF SUPERVISOR APPROVING CLAIM AS WITHIN BOARD
POLICY

DO NOT WRITE BELOW

Disposition: _____

Approved for Payment by _____ Date _____

Approved by Board _____ Date _____

REPORT NUMBER

Instructions for Submission:
Prepare in Triplicate:

- White - Assistant Superintendent-Business Services
- Yellow - Principal/Department Head
- Blue - Claimant