

**SAINT PAUL'S COLLEGE  
SPONSORED AND FEDERAL PROGRAMS  
REPORT OF STOLEN/LOST EQUIPMENT FORM**

Date: \_\_\_\_\_

Activity Director: \_\_\_\_\_

Activity: \_\_\_\_\_

The following item (s) was/were stolen on (Date) \_\_\_\_\_

or Lost on (Date) \_\_\_\_\_

The item (s) was/were located in the \_\_\_\_\_ building,

in Room/Office \_\_\_\_\_

(Address if office is located away from campus) \_\_\_\_\_

Please delete the following item (s) from the inventory.

EQUIPMENT	SERIAL NUMBER

If there are any questions, please contact me at Ext. \_\_\_\_\_. Thank you.

\_\_\_\_\_  
**Activity Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Department Chairperson**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Vice President/Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director of Sponsored Programs**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title III Secretary**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Saint Paul's College Chief of Security**

\_\_\_\_\_  
**Date**