

Personal Property Claim Form

Risk Management, Division of Financial Services
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS

Please complete and return to Maria D. Torralba, Risk Management Specialist at RiskManagement@mcpsmd.org or Pony to Risk Management, Division of Financial Services, 45 W. Gude Drive, Suite 3200, Rockville, MD. Please attach receipts for the original and replacement item(s). If you have not replaced the item, please attach estimate of replacement and/or repair receipt.

PART A: EMPLOYEE INFORMATION

Name _____ Employee ID# _____
 Job Title _____ Telephone _____ - _____ - _____
 Work Location _____
 Union Affiliation MCAAP/MCBOA MCEA SEIU

PART B: INCIDENT DESCRIPTION

Today's Date ____/____/____ Date of Incident ____/____/____

Location (*school or office name*) _____

How did the incident occur?

Were there any witnesses? Yes No If yes, provide contact information

PART C: DESCRIPTION OF DAMAGES

Description of damaged item

When and where was the item purchased?

What was the original cost of the item? \$ _____ Can the item be fixed? Yes No

Is the item available for inspection? Yes No If no, why not?

PART D: SUPERVISOR'S COMMENTS (REQUIRED)

Supervisor Name _____ I support this claim. (*To be filled by supervisor*)

Supervisor's Signature _____ Date ____/____/____