THE RESEARCH FOUNDATION
The State University of New York

OFFICE OF GENERAL COUNSEL
EQUIPMENT LOSS DETAIL FORM

Date:_____

Name:_____ Phone #:_____ Campus:_____
(Contact Person or Individual completing this form) (Include Area Code)

Date of Loss	Project/ Task/Award	Type of Equipment	Serial Number	Value $	Insurance Term Date	Check #, Date and Account Premium was Paid From

Instructions

Please type or print above information clearly. Use one line for each item.
Complete **ALL** information in order to expedite your claim without delay.
Attach: (1) Corresponding Purchase Order(s), (2) Copy of Insurance Requisition(s), (3) Project Director's report, (4) Police or Campus Security Report, (5) Estimate of Repair or Replacement Quote.
Please be sure all photocopies of reports are legible.
If you have any questions, call Stephanie Ammann in the Office of Grants Management at 2-9071 (FAX 2-9147).
Return this completed form with all attachments to Grants Management, Zip=3366
Grants Management will forward to RF Office of General Counsel. RF forwards all reports to the RF insurance carrier. Claims should be settled within 30 days commencing with the date the carrier receives supporting documentation.)