



CERTIFICATE OF LOSS REPORT

ACTIVITY NO. _____
FOR THE
SCHOOL YEAR _____

SCHOOL _____

SPONSORING CLASS/CLUB _____

ACTIVITY DESCRIPTION _____

Name of Student or Staff Responsible for Loss _____

Description of Items Unaccounted for (Specify Quantity) _____

Location of Items at Time of Loss _____ Date of Loss _____ Value of Loss \$ _____

Efforts made to recover lost items. _____

Efforts made to prevent reoccurrence of loss. _____

Is restitution for loss expected? Yes No

Name of Account Set-up for Restitution (if applicable) _____

Program _____ Function _____

CERTIFICATION

I hereby acknowledge having being granted custody of the items described above, and that to the best of my knowledge such loss has occurred due to causes as indicated.

To the best of my knowledge the above facts are true, and efforts as noted here have been made to recover, and retribute Dade County Public Schools for this loss.

Student _____
(Signature) (Date)

Activities Director _____
(Signature) (Date)

Faculty/Club Sponsor _____
(Signature) (Date)

Principal _____
(Signature) (Date)