

Inventory Damage Claims Form

Claimant Name

Department

Date of Claim

Date of Incident

Location of Damage

Brief Description of Incident

Damaged Inventory Details

Item Name/ID	Quantity Damaged	Description of Damage	Estimated Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Action Taken / Remarks

Upload Supporting Documents (if any)

Choose File

No file selected

Claimant Signature

For Office Use Only - Approval / Notes