

HORRY COUNTY SCHOOLS
PROPERTY CLAIM REPORTING FORM

School : _____ Person/Title Reporting Claim: _____

Date of Loss: _____ Time: _____ am / pm Type of Loss: (circle one) Fire Lightning Theft Vandalism Other: _____

Detailed Description of Occurrence (use reverse side, if necessary): _____

Police Department Responding: _____ Officer's Name: _____

Exact Location in School Where Loss Occurred: _____

Police report and/or Fire Department report must be attached to all fire, theft, vandalism and other such claims.

Item(s) Damaged, Lost, or Stolen	HCS Asset Number	Model and Serial Numbers	Estimated Cost to Replace / Repair	Account Number
				- 4800
				- 4800
				- 4800
				- 4800
				- 4800
				- 4800

I am requesting above items to be replaced repaired discarded, or no further action taken at this time.

Account Number for Deductible: _____ **Authorized/Principal Signature:** _____

(If an account number is not provided by the school, the district office will use a general fund supply account number).

Date Claim Submitted: _____

Forward to:
Denise Richardson
Procurement Office, 335 Four Mile Road, Conway, SC 29526
Office: 843-488-6936
email: procurement@horrycountyschools.net

(Revised 7/2012; 9/2012, 10/2018)

Enter in the subject line "Insurance Claim"