Lost Inventory Declaration Form

Full Name	
Employee ID	
Етрюусс ід	
Department	
Dete of Leas	
Date of Loss	
Description of Lost Item(s)	
Quantity Lost	
Location of Loss	
Circumstances of Loss	
Reported To (Supervisor/Manager)	
Teported To (Oupervison/Manager)	
Date Reported	
Additional Information	
Signature	
Dete	
Date	