ASBA - RISK MANAGEMENT PROGRAM

P.O. Box 165460

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SCHOOL DISTRICT:	DATE SUBMITTED:
TYPE OF LOSS:	ASSIGNED TO:
DATE OF LOSS:	SUBMITTED BY:

	ITEM DAMAGED	SCHOOL ID#	DATE OF PURCHASE	ORIGINAL COST/VALUE	REPLACEMENT VENDOR	REPLACEMENT COST	INVOICE AMOUNT	ALLOWED AMOUNT	
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SCHOOL DISTRICT:
TYPE OF LOSS: DATE OF LOSS: 40 41 41 42 42 43 44 44 44 45 47 49 49 36 37 38 39 28 29 30 31 32 33 34 35 25 26 27 54 53 ITEM DAMAGED SCHOOL ID# DATE OF ORIGINAL PURCHASE COST/VALUE REPLACEMENT VENDOR DATE SUBMITTED:
ASSIGNED TO: REPLACEMENT COST SUBMITTED BY: INVOICE AMOUNT ALLOWED RMP USE AMOUNT ONLY