

**STATE OF MONTANA
PROPERTY ACCOUNTABILITY MANAGEMENT SYSTEM**

REPORT OF PROPERTY SURVEY

A	PROPERTY NUMBER	▶
B	FORM CODE/DOCUMENT NO.	▶ 4-
C	AGENCY CODE	▶
D	CLASSIFICATION/TYPE	▶
E	TRANSACTION DATE	▶

PREPARED BY	Agency Name	Division	Responsibility Center Name	Agency Property Coordinator	Date Signed
	Montana State University			Carla Wiedeman	

DESCRIPTION OF PROPERTY ▶

RELIEF OF ACCOUNTABILITY IS REQUESTED FOR THE FOLLOWING PROPERTY:

Property No.	Description	Cost	REASON ▶	<input type="checkbox"/> Lost*	<input type="checkbox"/> Stolen*	<input type="checkbox"/> Destroyed	<input type="checkbox"/> Usable only for Cannibalization	<input type="checkbox"/> Other (Explain Below)
(See Above)	(See Above)							

**If item is lost or assumed stolen, attach letter(s) to any law enforcement agencies notified, giving all details and date of loss.*

NOTIFICATION	Law enforcement agencies notified: _____
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PRECAUTIONS	Precautions taken to prevent recurrence of such loss, theft or destruction: _____
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CERTIFICATION	I hereby certify that this is a true and complete statement of the reasons for this request.
	_____ <i>Authorized Signature</i>
	_____ <i>Date</i>

REMARKS:

DATA PROCESSING ENCODING SUMMARY

Line	Prop. No.	Form/Doc.	Agency Cd.	Class/Type	Trans. Date	Description	Cost	Acquisit. Date	N/U	Location	Responsibility Center	Funding Source		Inventory Data	Condit.	Est. Life	Control Account	
												A/E	Sub				Dr.	Cr.
												L1	L2				M	N
-	A	B	C	D	E	F	G	H	I	J	K	L1	L2	M	N	O	P1	P2