

MISSOURI STATE RECONCILIATION REPORT

Date: _____

Department: _____

| Tag Number | Description | Date Acquired | Original Cost |
|------------|-------------|---------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

STOLEN Police Report or Case Number _____

LOST

Date last seen: _____

Actions taken to locate property:

Procedure that has been initiated to control loss of similar items:

Required Signatures:

Department Head _____

Vice President _____