PROPERTY CLAIM FORM

A. The undersigned hereby files a claim for the reimbursement of loss/damage to personal property as provided under Board of Education Policy 3934.00 - Reimbursement of Damaged Articles. It is understood that, in accepting reimbursement under this Policy, any and all other claims against the Ingham Intermediate School District for loss or damage to the same property arising out of the same incident are waived.

B. Description of item(s) lost or damaged:

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<th>Quantity</th>
<th>Description</th>
<th>Value</th>
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C. Total value of loss/damage: $________

Less any amount reimbursable by insurance (________) or from other sources:

Net amount of claim: $_______

D. Signed: ________________________________

Date: ________________________________
E. Review: This claim has been reviewed and approval is:

______Recommended
______Not recommended (If not recommended, attach a memorandum of explanation.)

______________________________________________
Principal or Program Supervisor

______________________________________________
Date

F. Approval: This claim is approved in the amount of $_____________

______________________________________________
Division Head

______________________________________________
Date

EXHIBIT

Approved: February 18, 1986