CODC	Notice of Loss/D Invoicing No	-		Fiscal Services Division
Clear Form	Frederick 1915	County Public Scho South East Street ck, Maryland 21701	ols	<b>Form #009-F01</b> April 2024
Date of Loss	Time of Loss	□AM □PM	Work Or	der No
School / Facility	Room No./Area	а	Phone N	lo.
Police Department reported to (if applicable) Investig Party Responsible: Name & Address (If known):			ating Officer (if applicable) Case No. Criminal charges filed: □Yes □No □Pending	
	ttach a copy of FCPS Receipt for Equipr	nent Form.	School/Department will see up to \$300.00.	•
Description of the incid	dent that caused the loss or dam	age. Be speci	fic.	
	DESCRIPTION OF I Use addition	TEMS LOST O		
Item Description	Model	Serial #	Estimated Value	Replacement Cost
		Total Costs		
DESC	RIPTION OF DAMAGE TO BUILDIN Use additional sheets if neces		NDS	Repair Cost Labor Material

DESCRIPTION OF DAMAGE TO BUILDINGS OR GROUNDS	Repair Cost	
Use additional sheets if necessary.	Labor	Material
Total Costs		
	*	

Report prepared by:		
(Signature)		(Title)
Administrator/Supervisor:		
(Signature)		(Title)
Distribution: (It is the responsibility of the originator to distribute accordingly.)		
<ol> <li>Senior Executive Secretary, Fiscal Services (email form to loss.damage@fcps.org)</li> <li>Risk and Safety Manager</li> <li>Director of Maintenance and Operations</li> </ol>	<ol> <li>Supervisor of Safety and Emergency Management (email form to Safety.Team@fcps.org)</li> <li>Director of Student Services</li> <li>Director, Technology Infrastructure</li> </ol>	

Director, School Administration
 Accounts Receivable Specialist, Accounting Department

9. School Asset Secretary 10. Originator