

Rev 8/2014

INSURANCE CLAIM INVENTORY SHEET

CLAIM # _____

DEPARTMENT: _____ CONTACT PERSON: _____

LOCATION: _____ PHONE: _____ FAX : _____

AUTHORIZED DEPARTMENT SIGNATURE: _____ ***

VENDOR /SUPPLIER: _____ PHONE: _____

List only items that were damaged /destroyed as a result of an insured incident.

NOTE: ONE PAGE FOR EACH SUPPLIER / VENDOR

	DESCRIPTION	MODEL#	QTY	EST. COST (EA)
1				
2				
3				
4				
5				
6				
7				
8				
9				

*** It is a crime under Maryland law to knowingly provide false, incomplete or misleading information regarding an insurance claim for the purposes of committing fraud. The person signing this form stipulates that the enclosed information is complete and accurate to the best of their knowledge.