STATE OF HAWAII **PAGE _____ of _____**

PERSONAL PROPERTY DAMAGE SUMMARY RECORD

1. APPLICANT (DEPT/DIV)	2. PA ID	3. PW #	4. CLAIM NUMBER	
5. LOCATION/SITE:				

DESCRIPTION OF DAMAGED PROPERTY	QUANTITY	UNIT PRICE	TOTAL COST	DATE PURCHASED	REPLACEMENT COST	INVOICE NO.	STATE P.O.	TAKEN FROM STOCK
		GRAND TOTAL						

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED		TITLE		