



TREASURY DEPARTMENT
DIVISION OF CLAIMS ADMINISTRATION
502 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-0202
(615)741-2734 (PHONE)
(615)532-4979 (FAX)

Employee Property Damage Report
Attach Itemized Receipt or Estimate

Employee's Name _____ Department of State _____

Address _____

City _____ State _____ Zip Code _____

Office Address _____

Home Phone () _____ Business Phone () _____

Name of Item Damaged _____ Date/Time of Damage _____

Describe the damage in detail and how it occurred: _____

Did damage arise out of and in the course of employment of Claimant? _____

When was notice of damage given to employer? _____

To whom was notice given? _____ Position _____

Original cost of item _____ Date purchased _____

I, the undersigned, do hereby state that the information contained in the above is true, to the best of my information, knowledge, and belief.

Date

Signature of Claimant

SUPERVISOR'S STATEMENT

Please relate any knowledge you may have of the above incident: _____

Date

Signature of Supervisor
