

SUPERIOR-GREENSTONE DISTRICT SCHOOL BOARD
DAMAGE AND/OR VANDALISM REPORT

School: _____

Location and Nature of Damage: _____

Date and Time Damage was Discovered: _____
Date Time

Was a school function taking place at the time? Yes No

Witness(es) to the occurrence: _____

In your opinion was the damage deliberate? Yes No

Individual(s) responsible for the damage: _____

Work Order #: _____

DAMAGES TO BE BILLED TO:

Name _____

Address _____
P.O. Box No. Street Town

Principal's Signature _____ Date _____

<p>SECTION A: FOR COMPLETION BY MAINTENANCE WORKING FOREMAN:</p> <p>Date Work Completed: _____</p> <p>Labour: _____ <small>(Regular hours equivalent)</small></p> <p>Cost of Material: *\$ _____ <small>(Including taxes)</small></p> <p>Other: *\$ _____ <small>(Contractors, etc.)</small></p> <p>Total Cost: \$ _____</p> <p align="center"><small>*COPIES OF INVOICES/RECEIPTS AND PRINTED WORK ORDER TO BE ATTACHED TO THIS FORM*</small></p> <p>M.W.F. Signature: _____</p>	<p>SECTION B: FOR COMPLETION BY PLANT SERVICES:</p> <p>DV # _____ Date to MWF: _____</p> <p>Amount to be billed: \$ _____</p> <p>Date to Accounts Receivable: _____ <small>(If Applicable)</small></p> <hr/> <p>SECTION C: FOR COMPLETION BY ACCOUNTS RECEIVABLE:</p> <p>Invoice No.: _____ Date: _____</p> <p>Copy of Letter to Principal _____ Date: _____</p> <p>Amount Received: \$ _____ Date: _____</p> <p>Plant Services Notified <input type="checkbox"/></p>
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NOTE: THIS FORM MUST BE COMPLETED WHETHER DAMAGE IS ACCIDENTAL OR DELIBERATE. SUBMIT ONE COPY IMMEDIATELY TO THE BOARD OFFICE. ATTACH A COPY OF THIS REPORT TO INVOICES ISSUED FOR IDENTIFICATION AND POSSIBLE INSURANCE CLAIM.

The information on this form is collected under the authority of section 149(8) of the Education Act to ensure school buildings and premises are in proper repair.

Manager of Plant Services _____