Florida Atlantic University

TOTAL LOSS CONTENTS Actual Cash Value (ACV) WORK SHEET

TO BE COMPLETED BY THE DEPARTMENT **(*) COMPLETED BY RISK MANAGEMENT**

ITEM LOCATION DESCRIPTION		**FAU INV NO.	PURCHASE DATE & NUMBER	COST	CONDITION. PRIOR TO LOSS	***AGE**	***% DEP.**	***AC**	***CLAIM AMOUNT**

**If the item has an FAU inventory number please include it.

TOTAL CONTENTS - ACTUAL CASH VALUE $_____

Completed by_____Department_____Phone_____Date_____

Return Completed Form to EH&S, 777 Glades Road, Boca Raton, FL. 33431, phone 561-297-3129, fax 561-297-2210