

HOLY CROSS CATHOLIC SCHOOL
Laptop Damage/Loss Report

STUDENT SECTION:

Student Name: _____ Date: _____

Computer #: _____ Log-in: _____

Date/Time of Incident: _____

Incident details:

Were you using the computer at the time? ___ Yes ___ No

Was the computer in the laptop bag? ___ Yes ___ No

Was there any food or drink near the laptop? ___ Yes ___ No

Did you drop the laptop? ___ Yes ___ No

Is the laptop casing damaged? ___ Yes ___ No

Date of last data back-up: _____ Student Signature: _____

IT SECTION:

Repair/Replacement description: _____

Date Repaired/Replaced: _____ IT Signature: _____

Cost:

PART	UNIT COST	NUMBER OF PARTS	TOTAL COST

Total Amount Due: _____ Payment Date: _____

Student signature at pick-up: _____

IT signature at pick-up: _____