

Missouri Western State University
Reconciliation Report

Date: _____

Department: _____

Department Director/Chairperson: _____

MWSU Tag#	Asset Description	Serial Number	Date Acquired	Last Known Location	Responsible User

Please Check One of the Following:

STOLEN *Attach a copy of the Police Report*

LOST

Actions taken to locate property: _____

Procedure that has been initiated to control future losses: _____

Required Signatures:

Department Director/Chairperson: _____

Date: _____

Vice President: _____

Date: _____