



NEW YORK CITY BOARD OF EDUCATION
DIVISION OF PERSONNEL
CLAIMS UNIT

2nd Floor - Room 10
65 Court Street, Brooklyn, N.Y. 11201
Telephone: (718) 935-2742

**CLAIM FOR LOSS OR
DAMAGE TO PERSONAL PROPERTY**

SEE REVERSE SIDE FOR INSTRUCTIONS

PLEASE PRINT OR TYPE

NAME: _____ SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____ FILE NUMBER: _____

1. TITLE: _____ 2. SCHOOL OR OFFICE: _____

3. SCHOOL/OFFICE ADDRESS: _____

4. ROOM NUMBER OR PLACE OF LOSS OR DAMAGE: _____ DATE AND TIME: _____

5. DATE AND TIME REPORTED TO PRINCIPAL OR HEAD OF BUREAU: _____

6. WAS INCIDENT REPORTED TO THE POLICE? YES ☐ NO ☐

7. DETAILED DESCRIPTION OF INCIDENT: (CONTINUE ON REVERSE SIDE, IF NECESSARY) _____

8. ITEMS CLAIMED: (COMPLETE ON REVERSE SIDE, IF NECESSARY)

ARTICLE	COST	DATE PURCHASED	STORE & LOCATION

9. REIMBURSEMENT FOR PERSONAL PROPERTY IS LIMITED TO \$100.00 PER PERSON IN ANY SCHOOL YEAR. CASH IS NOT REIMBURSABLE. ONLY THE LOSS OR DAMAGE TO PERSONAL CLOTHING AND PERSONAL ACCESSORIES (I.E., HANDBAGS, WALLET, EYEGLASSES, OR UMBRELLAS) ARE REIMBURSED.

10. IF DAMAGE HAS BEEN REPAIRED, INDICATE THE COST OF REPAIRS: \$ _____ 11. TOTAL AMOUNT CLAIMED: \$ _____

12. DO YOU HAVE A HOME OWNER'S POLICY OR ANY OTHER PRIVATE INSURANCE THAT WOULD COVER EITHER FULL OR PARTIAL REIMBURSEMENT OF YOUR LOSS?

YES ☐ NO ☐ IF YES, FURNISH FOLLOWING: _____
NAME, ADDRESS OF COMPANY, AND POLICY NUMBER (SEE PARAGRAPH 10 INSTRUCTIONS).

13. THE FACTS CONTAINED ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND THAT THE ACCEPTANCE OF PAYMENT FOR THE AMOUNT ALLOWED BY THE BOARD OF EDUCATION FOR THIS CLAIM SHALL RELEASE THE BOARD OF EDUCATION FROM ALL LIABILITY FOR THE LOSS OR DAMAGE TO PERSONAL PROPERTY ARISING OUT OF THE INCIDENT DESCRIBED ABOVE. I ALSO AGREE THAT IN THE EVENT THAT LOST PROPERTY IS LATER RECOVERED AND SAME IS RETURNED TO ME, I SHALL REIMBURSE THE BOARD OF EDUCATION FOR ANY MONIES PAID.

SIGNATURE OF CLAIMANT

DATE

14. CERTIFICATE BY PRINCIPAL OR BUREAU HEAD

THE FACTS CONTAINED UNDER ITEMS 1 THROUGH 8 ARE SUBSTANTIALLY CORRECT. ANY EXCEPTIONS ARE NOTED BELOW:

CHECK ONE ☐ APPROVAL RECOMMENDED

☐ DISAPPROVAL RECOMMENDED FOR THE FOLLOWING REASON: _____

EXCEPTIONS: _____

SIGNATURE

DATE

PRINT NAME

MAKE NO ENTRY BELOW THIS LINE

DATE APPROVED _____ AMOUNT \$ _____ FOR CLAIMS UNIT

DATE DISAPPROVED _____

BE/DOP 9P32 (Rev. 8/87) 03

OP 504 (Rev. 8/87)

INSTRUCTIONS FOR OP 504

1. Required Enclosures:

g. Proof of payment:

i.e., Either a copy of credit card receipt or statement definitively identifying lost or damaged item(s); cancelled check, or a receipted paid bill on the vendors letterhead.

- b. Copy of Incident Report and/or Police Report as required. (NOTE: Certain field assignment losses incurred by force and/or violence WILL NOT be reimbursable unless the claim is accompanied by a police report)
- c. Notice of reimbursement from insurance company, if applicable.

2. Mailing Instructions

Sign the original OP 504 and one (1) copy. Mail original, copy and enclosures to:

New York City Board of Education
Division of Personnel
Claims Unit
Room 10 - 2nd Floor, 65 Court Street
Brooklyn, New York 11201

CONTINUED FROM FRONT OF FORM:

7. Detailed Description of Incident (continued from front page):

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

8. Items Claimed (continued from front page)

[illegible]