[ ]  **ADEQUATE**

[ ]  **INADEQUATE**



**REPORT OF ADJUSTMENT TO STATE-OWNED**

**REAL AND PERSONAL PROPERTY**

CO-853 REV. 4/2015

**DATE OF DISCOVERY**

**INSTRUCTIONS:**

1. USE THIS FORM TO MAKE ADJUSTMENTS TO STATE-OWNED REAL AND PERSONAL PROPERTY. ADJUSTMENTS MAY INCLUDE BUT ARE NOT LIMITED TO: THEFT, VANDALISM, LACK OF SUPPORTING DOCUMENTATION, CRIMINAL OR MALICIOUS DAMAGE, MISSING ITEMS, SPOILED OR EXPIRED PRODUCTS, LOST OR MISPLACED FUNDS, OR ITEMS RECOVERED. NOTIFY LOCAL POLICE, OR, IF APPLICABLE, LOCAL SECURITY DIVISION IF LOSS IS CAUSED DUE TO CRIMINAL ACTIVITY.

2. PREPARE AND ELECTRONICALLY SUBMIT THE FORM TO OSC.CO-853@CT.GOV. SUBMIT A COPY ELECTRONICALLY TO AUDITORS OF PUBLIC ACCOUNTS AT DONNA.G.MOORE@CGA.CT.GOV AND STATE INSURANCE AND RISK MANAGEMENT BOARD AT

EILEEN.MCNEIL@CT.GOV. RETAIN ONE COPY ELECTRONICALLY FOR YOUR FILE.

 QUESTIONS: ADMINISTRATIVE SERVICES DIVISION, 55 ELM ST, HARTFORD, CT 06106-1775 (860)702-3440

**AGENCY NAME AND ADDRESS**

**LOCATION OF PROPERTY PERTAINING TO ADJUSTMENT**

**BRIEF DESCRIPTION OF PROPERTY**

**REASON FOR ADJUSTMENT**

**REPLACEMENT VALUE** *(Make the necessary adjustments to your property control records as required)*

**1) DATE PURCHASED OR RECEIVED AND TAG # :**

**2) VALUE REPORTED ON THE ANNUAL INVENTORY REPORT TO THE COMPTROLLER (CO-59) :**

 **$**

**3) DEPRECIATED VALUE :**

 **$**

**4) COST IF NOT REPORTED ON CO-59 :**

 **$**

**SECURITY (Indicate by placing a checkmark in the appropriate block)**

**WHAT STEPS HAVE BEEN TAKEN WITHIN YOUR AGENCY TO PREVENT A RECURRENCE? EXPLAIN:**

**IF ITEM WAS NOT REPORTED IMMEDIATELY, INDICATE REASON FOR DELAY**

**NAME OF INDIVIDUAL TO BE CONTACTED RELATIVE TO ADJUSTMENT**

**AREA CODE TELEPHONE NUMBER**

**(**

**)**

**DATE**