

MUKILTEO POLICE DEPARTMENT
REPAIR OR REPLACEMENT OF EQUIPMENT

NORMAL WEAR

DAMAGED ON DUTY

PERSONAL EQUIPMENT

DEPARTMENT EQUIPMENT

ITEM DAMAGED _____

DATE DAMAGED _____ INCIDENT NUMBER _____

HOW ITEM WAS DAMAGED (BRIEF SUMMARY) _____

WITNESSES _____

REPLACEMENT

REPAIR

CERTIFICATION STATEMENT:

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THIS IS A TRUE AND CORRECT CLAIM FOR NECESSARY EXPENSES INCURRED BY ME AND THAT NO PAYMENT HAS BEEN RECEIVED BY ME ON ACCOUNT THEREOF.

OFFICER'S SIGNATURE _____ DATE _____

QUARTERMASTER'S SIGNATURE _____ DATE _____

THIS SECTION FOR USE BY QUARTERMASTER ONLY

ACTION TAKEN: _____ DATE _____

VOUCHER NO(S): _____ PROCESSED BY: _____

REMARKS: _____

