NOTICE OF NON-FEDERAL CLAIMS RECEIVABLE		1. CLAIM NUMBER	
		2. DATE	
INSTRUCTIONS: Prepare original and one copy. Forward original to Finance Division for related fund, with copy of Initial Demand Letter. Retain one copy for document file.			
3. NAMES OF PARTIES CONCERNED	4. ADDRESSES OF PARTIES CONCERNED		
5. TYPE OF CLAIM (Vehicle damage, property damage, excess costs, etc.)			
6. APPROPRIATION USED FOR EXPENSE ACCOUNT			
7. ACT NUMBER (If available)	8. DOLLAR AMOUNT OF CLAIM		
	\$		
9. OFFICE ESTABLISHING CLAIM	E ESTABLISHING CLAIM 10. SIGNATURE		
	TITLE		
	TELEPHONE NUMBER		
11. THIS SECTION TO BE COMPLE	TED BY OFFICE ISSU	ING FINAL OPINIO	N
a. OFFICE ISSUING FINAL OPINION		b. EXACT AMOUNT DUE	
		\$	
REMARKS			
c. SIGNATURE	d. TITLE		e. DATE
	1		