

# EMPLOYEE CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY

## (P.L. 88-558)

**INSTRUCTIONS:** Submit in duplicate to Operating Unit Claims Officer. Please type.

NAME OF EMPLOYEE		OPERATING UNIT OR DEPARTMENTAL OFFICE	
NAME AND ADDRESS OF CLAIMANT. <i>If claimant is other than employee, submit names and addresses of all parties in interest. (See DAO 203-22 Section 6)</i>	CITY	AREA CODE AND PHONE NUMBER	
	LOCATION OF LOSS OR DAMAGE		
	DATE OF LOSS OR DAMAGE	TOTAL AMOUNT OF CLAIM	

### DESCRIPTION OF PROPERTY

ITEMIZED LISTING	DATE ACQUIRED	PURCHASE PRICE OR VALUE	VALUE WHEN LOST OR DAMAGED	ESTIMATED REPAIR COST

CLAIM IS FOR  LOSS  DAMAGE (Check One) GIVE BRIEF STATEMENT OF CIRCUMSTANCES:

WAS PROPERTY INSURED?	IF ANSWER IS "YES" GIVE NAME OF INSURER, AMOUNT OF INSURANCE CARRIED, AND RESULTS OF EFFORTS TO COLLECT IT.
<input type="checkbox"/> YES	
<input type="checkbox"/> NO	

**CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS:** Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 62 Stat. 698, 749; 18 U.S.C. 287,1001)

**CIVIL PENALTY FOR PRESENTING A FRAUDULENT CLAIM:** The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See R.S. Sec. 3490, 5438; 31 U.S.C. 231)

**ADMINISTRATIVE PENALTY:** Removal from the service.

I make this claim with full knowledge of the penalties for making a false claim, and certify that I am entitled to any payments.

SIGNATURE OF CLAIMANT	IF CLAIMANT IS NOT OWNER, STATE RELATIONSHIP	DATE
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