EMPLOYEE CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY

NOTE: Complete and submit this form, along with supporting documents, to the Regional Counsel's office for claims in excess of $2,500.

PRIVACY ACT INFORMATION: Solicitation of the information is authorized by the Federal Military Personnel and Civilian Claims Act of 1964,31 U.S.C. §3701, et seq, as amended. Disclosure of this information by you is voluntary. The information will be used for filing a claim for loss of or damage to employee personal property. This information will be transferred to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal or regulatory investigations or prosecutions, or pursuant to a request by GSA or such other agency in connection with the hiring or retention of an employee, the issuance of a security clearance, the investigation of an employee, the letting of a contract, or the issuance of a license, grant, or other benefit. Failure to furnish this information will delay or prevent processing of your claim.

1. NAME OF CLAIMANT	2a. AREA CODE	2b. PHONE NO.	2c. EXT.	3. DATE OF LOSS OR DAMAGE

4a. STREET ADDRESS	5. SERVICE OR STAFF OFFICE

4b. CITY	4b. STATE	4c. ZIP CODE	6. DIVISION OR BRANCH

7. LOCATION OF LOSS OR DAMAGE	8. TOTAL AMOUNT OF CLAIM

9. DESCRIPTION OF PROPERTY *(Use additional sheet, if necessary)*

ITEMIZED LISTING (a)	DATE ACQUIRED (b)	PURCHASE PRICE OR VALUE WHEN ACQUIRED (c)	VALUE WHEN LOST OR DAMAGED (d)	ESTIMATED REPAIR OR REPLACEMENT COST (e)

10. TYPE OF CLAIM

☐ a. LOSS

☐ b. DAMAGE

c. BRIEF STATEMENT OF CIRCUMSTANCES

11. WAS PROPERTY INSURED

☐ a. YES

☐ b. NO

IF "YES", CHECKED, GIVE THE FOLLOWING INFORMATION:

NAME OF INSURER	ITEMIZE AMOUNT COLLECTED

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 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 not less than $5,000 and not more than $10,000, plus not less than double the amount of damages which the Government sustained (see 31 U.S.C. §3729).

CERTIFICATION

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

12a. SIGNATURE OF CLAIMANT	12b. DATE

IN WITNESS of the above claim, I on behalf of the claimant, do hereby certify that this claim is being made with full knowledge of the penalties for wilfully making a false claim.

13a. SIGNATURE OF OTHER CLAIMANT	13b. NAME OF OTHER CLAIMANT	13d. DATE
	13c. RELATIONSHIP *(If any)*	

GENERAL SERVICES ADMINISTRATION

GSA FORM 2116 (REV. 7/2002)
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