

Non-Evacuation Volunteer/Trainee Property Claim Form

Volunteer/Trainee

Country Director

Country of Service

I. Statement and Description of Loss

The following property was lost, damaged, or stolen on _____ (date of loss) under the circumstances explained below, and I hereby request reimbursement from the Peace Corps: _____

Description of Property	Purchase Price	In Peace Corps Custody? (yes/no)	Essential Item? (yes/no)	Indicate Approval or Denial	Indicate Reimburse or Replace	Reimbursement Amount

Office Use Only

Total _____

My property was lost, damaged, or stolen under the following circumstances:

For items I am claiming above as essential items, reimbursement or replacement is essential to my health, welfare, or continued service for the following reasons:

II. Insurance

I certify that I own no insurance covering any items in section I except as described below. The following items are covered by insurance but the insurer has fully or partially denied their reimbursement. I have attached all relevant information, including copies of correspondence with the insurance company.

Description of Property	Purchase Price	Indicate Fully Denied or Partially Denied	Amount Reimbursed (if partially denied)

Total _____

Insurance company name:

Policy number:

Address:
(street)

(city)

(state)

(zipcode)

III. Volunteer/Trainee Verification & Release

I verify that this claim is true and correct, to the best of my knowledge and belief, and, except as disclosed in section II above, that I have not received reimbursement or replacement from any other source for the items claimed.

I further certify that my acceptance of payment or replacement property in settlement of the claim for the items listed above will constitute full satisfaction of said claim against the United States Government, its employees, or Peace Corps Volunteers/Trainees.

Volunteer/Trainee Signature

Date

IV. Country Director's Action

The Country Director reviews the entire form, fills in the last three columns in section I, and completes this section.

<p><input type="checkbox"/> Essential items: For the "Essential Items" I have approved above, I have determined that they are essential to the health, welfare, or continued service of the V/T for the following reasons:</p> <p><input type="checkbox"/> Items in Peace Corps custody per MS 235.</p>
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Comments:

<input type="checkbox"/> Approved	Amount of reimbursement: _____
<input type="checkbox"/> Denied	Approximate cost of replacement: _____
<input type="checkbox"/> Forward to the Regional Director	

I verify that approval, denial, or forwarding of this claim is in accordance with the policies and procedures in MS 235.

Country Director Signature

Date

V. Regional Director Approval

<input type="checkbox"/> Approved	Amount of reimbursement: _____
	Approximate cost of replacement: _____
<input type="checkbox"/> Denied	

Regional Director Signature

Date

Note: Falsification of an item in this claim may result in a fine or imprisonment or both (18 USC 287; id 1001).