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 S	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. [DESCRIPTI	ON OF PROPERT	Y (Use additio	nal sheet, if ne	ecessary)		
ITEMIZED LISTING (a)			DATE ACQUIRED (b)	OR WHEN A	PURCHASE PRICE VALUE V OR VALUE LOST WHEN ACQUIRED DAMA (c) (d)		R OR REPLACEMENT	
			10 TV	PE OF CLAIM				
b. DAMAGE								
<u> </u>	11. WAS PROPERTY INSURED IF "YES", CHECKED, GIVE THE FOLLOWING INFORMATION:							
a. YES	NAME OF INSURER ITEMIZE AMOUNT COLLECTED							
	LTY FOR PRESENTI for not more than 5					EMENTS: Fi	ne of not more than \$10,000	
) and not more than						United States the sum of not ne Government sustained (see	
				TIFICATION				
12a. SIGNATURE OF	the penalties for w	viltully making a	faise claim and t	hat I am entitle	ed to any payments. 12b. DATE			
	the above claim, I on fully making a false c		the claimant, do	hereby certify	that this claim	is being mad	de with full knowledge of the	
13a. SIGNATURE OF OTHER CLAIMANT			13b. NAME O	13b. NAME OF OTHER CLAIMANT			13d. DATE	
130			13c. RELATIO	IONSHIP (If any)			-	
GENERAL SERVICES ADMINISTRATION							GSA FORM 2116 (REV. 7/2002) Prescribed by ADM 6200.3B	