

Claimant Name	Barney Solomon
Date of Loss or Damage	July 20, 20XX
FS Claim No.	LBMXX _____

**CLAIMANT CHECKLIST
EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY**

<input checked="" type="checkbox"/>	Use this form to ensure you have provided everything needed to process your claim. Check the items off when they are complete. Check the sample forms included in IM AK-300-2006-0XX for guidance in filling them out. Ask Financial Services if you need more assistance.
DI-570, Employee Claim for Loss or Damage to Personal Property and Supplemental.	
Include:	
	Permanent mailing address and telephone number.
	Narrative statement that tells who, what, when, where, how and why the loss or damage occurred. Describe how you provided for security of the items.
	Detailed description of each item.
	Purchase month/year/price of each item claimed.
Administrative Determination form. Include:	
	Statement from your supervisor/team lead. For items not on the Reimbursable Items List, or specialized equipment, document why each item is necessary for the performance of duty.
	Prescription eyeglasses, sunglasses or contact lenses: include a separate statement from your supervisor/team lead that documents your reasonable effort to secure the eyewear and statement of value documentation.
	A charge code. The claim amount will be obligated to this charge code.
	Signature of your supervisor and AFS Staff Officer/Division Chief or the Field Manager and District Manager, FDO.
Additional Documentation	
	Attach Witness Statements or other statements, etc. on separate sheets of paper.
	Catalog photos and prices, copy of original itemized receipts, statement of value documentation.
Submit The Claims Package	
	Attach this (completed) Claimant Checklist to your Claim Package, and route to Financial Services, AK-342, following your office's internal procedures.