DOE F 2040.3         U.S. DEPARTMENT OF ENERGY						
(Formerly GC-600) (All Other Editions Are Obsolete) EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY						
(P.L. 88-558, 31 U.S.C. 3721 et seq.)						
(Instructions: Submit in triplicate to Office of the General Counsel. Attach supplemental sheets as necessary identifying applicable block numbers.)						
1a. Name of Claimant		1b. Organizational Unit	1c. City	1d. Telephone No. (Office)		
		2h Logotion of Logo or	De Dete ef Lees er	2d Total Amount of Claim		
2a. Home Address of Claimant (Include Zip Code)		2b. Location of Loss or Damage	2c. Date of Loss or Damage	2d. Total Amount of Claim		
			2 amage			
Description of Property						
3a. Itemized Listing	3b. Date	3c. Cost or Other Basis	3d. Value When Lost or	3e. Estimated Repair Cost		
	Acquired		Damaged			
4. Claim is for Loss Da	amage (Check one) Bri	ef Statement of Circumstances	(Describe in detail all damage):			
4. Claim is for Loss Damage ( <i>Check one</i> ) Brief Statement of Circumstances ( <i>Describe in detail all damage</i> ):						
Attach Supporting Statements as Appropriate						
5a. Was Property Insured?	50. II Aliswei					
Yes 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 18 U.S. Code 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 31 U.S. Code 231.)						
I make this claim with full knowledge of the penalties for willfully making a false claim, and certify that I am entitled to any payments.						
6a. Date 6b.	If Claimant is not Own	er, State	6c. Signature of Claimant			
	Relationship					

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Routing and Action:		
7. Statement of Claimant's Supervisor:		
Supervisor's Name (Typed)	Organizational Unit	Telephone No.
In the opinion of the undersigned the possession of the provention of the proper under the circumstances existences exist		ice of the claimant and such possession was
Date	Date	
8. Finding of Claims Investigator or Other Person Used to C Attach Report if any:	btain Information (where designated).	
Remarks:		Amount of loss or damage:
		Date:
		Ву:
9. Recommendation of Counsel:		Amount recommended:
<ul> <li>Approval in part</li> <li>Disapproved</li> <li>Remarks:</li> </ul>		Date:
10. Action by Settement Official		Amount recommended:
<ul> <li>Approval in part</li> <li>Disapproved</li> </ul>		Date:
Remarks:		
Claimant advised of disallowance	Date: B	y:
11. Office of Controller or Finance Division for Payment: Date of Payment:		
Voucher and Schedule of Payments No.		
Amount: \$		
Other action:		
This Notice is provided in accordance with the Privacy Act, 5 U.s attached.		
<ul> <li>A. Authority: The requested information is solicited pursuant to on 14.3.</li> <li>B. Principal Purpose: The information requested is to be used in er C. Routine Use: See the Notices of Systems of Records for the ag</li> </ul>	valuating claims.	

D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".