

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 property described herein was incident to the service of the claimant and such possession was reasonable, useful or proper under the circumstances existing at the time and place of the loss/damage.

Date _____

Date _____

8. Finding of Claims Investigator or Other Person Used to Obtain Information (*where designated*).

Attach Report if any:

Remarks: _____

Amount of loss
or damage: _____

Date: _____

By: _____

9. Recommendation of Counsel:

Approval by: _____

Approval
in part

Disapproved

Remarks: _____

Amount
recommended: _____

Date: _____

10. Action by Settlement Official

Approval by: _____

Approval
in part

Disapproved

Remarks: _____

Amount
recommended: _____

Date: _____

Claimant advised of disallowance Date: _____ By: _____

11. Office of Controller or Finance Division for Payment:

Date of Payment: _____

Voucher and Schedule of Payments No. _____

Amount: \$ _____

Other action:

PRIVACY ACT STATEMENT

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority*: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C., 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. 14.3.

B. *Principal Purpose*: The information requested is to be used in evaluating claims.

C. *Routine Use*: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

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".