U.S. DEPARTMENT OF AGRICULTURE EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY (PUBLIC LAW 88-558; 78 STAT. 767)

CRIMINAL PENALTY FOR PRESENTING FALSE OR FRAUDULENT CLAIMS OR FALSE STATEMENTS: Imprisonment for not more than 5 years and subject to a fine in the amount provided for in Title 18. (See 18 U.S.C. 287, 1001)

CIVIL PENALTY FOR PRESENTING FALSE CLAIMS: The claimant is liable to the United States for a civil penalty of not less than \$5000 and no more than \$10,000, plus 3 times the amount of damages which the United States sustains because of the act of the claimant. (See 31 U.S.C. 3729)

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NAME OF CLAIMANT		AGENCY WHERE EMPLOYED AND TITLE OF POSITION		LOCATION (City)	
ADDRESS OF CLAIMANT (Including Zip Code)		LOCATION WHERE LOSS OR DAMAGE OCCURRED		DATE OF LOSS OR DAMAGE AMOUNT OF CLAIM	
DESCRIPTION OF PROPERT	Y (Itemized Listing)				
DATE ACQUIRED	PURCHASE PRICE OR VALUE	VALUE WHEN LOST OR DAMAGED	ESTIMATED COST OF F	102	AIM IS FOR <i>(Check one)</i> LOSS DAMAGE
Attach supplemental sh	neet, if necessary	•			
GIVE BRIEF DESCRIPTION C	F CIRCUMSTANCES				
WAS PROPERTY INSURED?					
YES NO					
IF ANSWER IS "YES", GIVE N	AME OF INSURER AND ITEMIZE THE	AMOUNT COLLECTED.			
I make this claim with t	he full knowledge of the pena	Ities for willfully making a false clai	m, and certify that I	am entitled to any payment	······································
				SIGNATURE OF CLAIMANT	
DDIVACY ACT CTATE	EMENT. This information is as	digited under outbority of 21 LLC C	2721 Furnishing th	a information on this farms	a valuntari, but failura

PRIVACY ACT STATEMENT: This information is solicited under authority of 31 U.S.C. 3721. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for reimbursement for loss or damage to your personal property. The purpose of this information is to facilitate timely processing of your request for reimbursement, to ensure your eligibility, and to prevent misuse of the funds involved.