

## FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

<b>1. DATE INITIATED</b> (YYYYMMDD)		<b>2. INQUIRY/INVESTIGATION NUMBER</b>			<b>3. DATE LOSS DISCOVERED</b> (YYYYMMDD)	
<b>4. NATIONAL STOCK NO.</b>	<b>5. ITEM DESCRIPTION</b>	<b>6. QUANTITY</b>	<b>7. UNIT COST</b>	<b>8. TOTAL COST</b>		
<b>9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS</b> ( <i>X one</i> ) (Attach additional pages as necessary)		<input type="checkbox"/> Lost	<input type="checkbox"/> Damaged	<input type="checkbox"/> Destroyed		
		<input type="checkbox"/> Organization	<input type="checkbox"/> Installation	<input type="checkbox"/> OCIE		
<b>10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES</b> ( <i>Attach additional pages as necessary</i> )						
<b>11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10</b>						
a. ORGANIZATIONAL ADDRESS ( <i>Unit Designation, Office Symbol, Base, State/Country, ZIP Code</i> )			b. TYPED NAME ( <i>Last, First, Middle Initial</i> )		c. DSN NUMBER	
			d. SIGNATURE		e. DATE SIGNED	
<b>12.</b> ( <i>X one</i> )	<b>RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)</b>			<b>REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)</b>		
a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED ( <i>X one</i> )		b. COMMENTS/RECOMMENDATIONS				
<input type="checkbox"/> YES <input type="checkbox"/> NO						
c. ORGANIZATIONAL ADDRESS ( <i>Unit Designation, Office Symbol, Base, State/Country, ZIP Code</i> )			d. TYPED NAME ( <i>Last, First, Middle Initial</i> )		e. DSN NUMBER	
			f. SIGNATURE		g. DATE SIGNED	
<b>13. APPOINTING AUTHORITY</b>						
a. RECOMMENDATION ( <i>X one</i> )		b. COMMENTS/RATIONALE			c. FINANCIAL LIABILITY OFFICER APPOINTED ( <i>X one</i> )	
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE					<input type="checkbox"/> YES <input type="checkbox"/> NO	
d. ORGANIZATIONAL ADDRESS ( <i>Unit Designation, Office Symbol, Base, State/Country, ZIP Code</i> )			e. TYPED NAME ( <i>Last, First, Middle Initial</i> )		f. DSN NUMBER	
			g. SIGNATURE		h. DATE SIGNED	
<b>14. APPROVING AUTHORITY</b>						
a. RECOMMENDATION ( <i>X one</i> )		b. COMMENTS/RATIONALE			c. LEGAL REVIEW COMPLETED IF REQUIRED ( <i>X one</i> )	
<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE					<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
d. ORGANIZATIONAL ADDRESS ( <i>Unit Designation, Office Symbol, Base, State/Country, ZIP Code</i> )			e. TYPED NAME ( <i>Last, First, Middle Initial</i> )		f. DSN NUMBER	
			g. SIGNATURE		h. DATE SIGNED	

**15. FINANCIAL LIABILITY OFFICER**a. FINDINGS AND RECOMMENDATIONS *(Attach additional pages as necessary)*

b. DOLLAR AMOUNT OF LOSS	c. MONTHLY BASIC PAY	d. RECOMMENDED FINANCIAL LIABILITY
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i>	f. TYPED NAME <i>(Last, First, Middle Initial)</i>	g. DSN NUMBER
	h. DATE SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i>	i. DATE APPOINTED <i>(YYYYMMDD)</i>
	j. SIGNATURE	k. DATE SIGNED

**16. INDIVIDUAL CHARGED**a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND *(X one)*

<input type="checkbox"/> Submit the attached statement of objection.	<input type="checkbox"/> Do not intend to make such a statement.
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b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.

c. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i>	d. TYPED NAME <i>(Last, First, Middle Initial)</i>	e. DSN NUMBER
	f. SIGNATURE	g. DATE SIGNED

**17. ACCOUNTABLE OFFICER**

a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD

b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</i>	c. TYPED NAME <i>(Last, First, Middle Initial)</i>	d. DSN NUMBER
	e. SIGNATURE	f. DATE SIGNED