



Claim for Loss

Section I — Request for Claim for Loss

Postal Installation		Installation Address	
State	ZIP + 4 Code®		
Telephone (Include area code)	Date of Loss (MM/DD/YYYY)	Finance Number	Unit ID
Cause of Loss (Explain)			

Reason Code	Type of Loss	Number of Items	Loss Amount
07	Burglary or Robbery		
08	Fire or Flood		
10	Uncollectible Employee Items		
14	Lost or Stolen Stamp Stock Shipment		
15	Embezzlement		

Submit to Manager, Finance (District Office) with the required supporting documentation(s).

Section II — Manager, Finance (District Office)

Reason Code(s)	Amount	Approved <input type="checkbox"/>	Re-Submit <input type="checkbox"/>
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Comment:

Date (MM/DD/YYYY)	Manager, Finance Signature
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Section III — Unit's 1412 Entry Upon Receipt from Manager, Finance

1412 Entry Clearing AIC	▶ AIC _____	1412 AIC Offset	AIC 633, Claim for Loss
Amount	▶	▶	Date of Entry (MM/DD/YYYY)
Installation Head Signature			