## FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

### 1. DATE INITIATED (YYYYMMDD)

### 2. INQUIRY/INVESTIGATION NUMBER

### 3. DATE LOSS DISCOVERED (YYYYMMDD)

### 4. NATIONAL STOCK NO.

### 5. ITEM DESCRIPTION

### 6. QUANTITY

### 7. UNIT COST

### 8. TOTAL COST

### 9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one)

- Lost
- Damaged
- Installed
- Destroyed
- OCIE

(Attach additional pages as necessary)

### 10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary)

### 11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10

<table>
<thead>
<tr>
<th>a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</th>
<th>b. TYPED NAME (Last, First, Middle Initial)</th>
<th>c. DSN NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. SIGNATURE</td>
<td>e. DATE SIGNED</td>
<td></td>
</tr>
</tbody>
</table>

### 12. (X one) RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)

<table>
<thead>
<tr>
<th>a. NEGLIGENCE OR ABUSE EVIDENT/SUSPECTED (X one)</th>
<th>b. COMMENTS/RECOMMENDATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Williams, Denise M</td>
<td>334-284-0577</td>
<td></td>
</tr>
<tr>
<td>g. SIGNATURE</td>
<td>h. DATE SIGNED</td>
<td></td>
</tr>
</tbody>
</table>

Denise M Williams
LESO State Contact
Montgomery, AL 36108

### 13. APPOINTING AUTHORITY

<table>
<thead>
<tr>
<th>a. RECOMMENDATION (X one)</th>
<th>b. COMMENTS/RATIONALE</th>
<th>c. FINANCIAL LIABILITY OFFICER APPOINTED (X one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROVE</td>
<td>DISAPPROVE</td>
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### 14. APPROVING AUTHORITY

<table>
<thead>
<tr>
<th>a. RECOMMENDATION (X one)</th>
<th>b. COMMENTS/RATIONALE</th>
<th>c. LEGAL REVIEW COMPLETED IF REQUIRED (X one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROVE</td>
<td>DISAPPROVE</td>
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</tbody>
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**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 (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)**
- **f. TYPED NAME (Last, First, Middle Initial)**
- **g. DSN NUMBER**
- **h. DATE SUBMITTED TO APPOINTING AUTHORITY (YYYYMMDD)**
- **i. DATE APPOINTED (YYYYMMDD)**
- **j. SIGNATURE**
- **k. DATE SIGNED**

**16. INDIVIDUAL CHARGED**

- **a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND (X one)**
  - Submit the attached statement of objection.
  - Do not intend to make such a statement.
- **b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.**
- **c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)**
- **d. TYPED NAME (Last, First, Middle Initial)**
- **e. DSN NUMBER**
- **f. SIGNATURE**
- **g. DATE SIGNED**

**17. ACCOUNTABLE OFFICER**

- **a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD**
- **b. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)**
- **c. TYPED NAME (Last, First, Middle Initial)**
- **d. DSN NUMBER**
- **e. SIGNATURE**
- **f. DATE SIGNED**

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**DD FORM 200 (BACK), JUL 2009**