



DEPARTMENT OF THE ARMY
HEADQUARTERS, JOINT READINESS TRAINING CENTER AND FORT POLK
OFFICE OF THE STAFF JUDGE ADVOCATE
7090 ALABAMA AVENUE, BUILDING 1454
FORT POLK, LOUISIANA 71459

REPLY TO
ATTENTION OF:

AFZX-JAC

10 February 2010

MEMORANDUM FOR Personnel Concerned

SUBJECT: Instructions for Filing a Household Goods Claim under AR 27-20, Chapter 11 with the Military Claims Office for depreciated value.

1. When your household goods were delivered, the carrier should have left three (3) copies of DD Form 1840/1840R, Notice of Loss or Damage. This form officially notifies the carrier of loss or damage to your shipment. You may have listed some damages on the DD Form 1840 side of the form. That side can only be used while the Transportation Service Provider (TSP) is at your residence.
2. If you find additional loss or damage after the TSP has left, it **MUST** be listed on the DD Form 1840R side. Once you have listed all your loss or damage, bring the completed form to the Claims Office within 70 days of delivery. Items listed on the DD Form 1840 side at the time of delivery need not be transferred to the DD Form 1840R side. All loss/damage on the DD Form 1840/1840R **MUST BE REPORTED TO THE CLAIMS OFFICE WITHIN 70 DAYS OF THE DELIVERY DATE**. If you do not submit the DD Form 1840/1840R within 70 days, your claim may not be payable. If you find any additional damaged or missing items after you have turned in your DD Form 1840R to this office, but are still within 70 days of the delivery date, report to the Claims Office to complete a supplemental DD Form 1840R for each individual shipment.
3. You have **TWO YEARS** from the **DATE OF DELIVERY** to file your claim once you have turned in your DD Form 1840 to the Claims Office. If you have multiple deliveries resulting from one shipment, the time restrictions for the notification of the damage and submitting your claim begins from the **DATE OF DELIVERY OF EACH SHIPMENT**. For example, you live in the barracks and your shipment arrives at the warehouse on 1 Jan 07. You don't have enough room for all of your goods so you take a partial delivery on 1 Feb 07, which includes your TV and your stereo. The 70-day time frame for notification of damages for that delivery **begins on the date of delivery** (1 Feb 07). Your two year deadline for filing a claim for that delivery **begins on the date of delivery** and would end on 1 Feb 09, two years from the date of delivery. When you take delivery on the rest of your property, a second 70-day time frame for notification of damages for that delivery begins. The two-year deadline for filing a claim for that delivery would be two years from that date of delivery.

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4. SUBSTANTIAL OR, IN SOME CASES, TOTAL DEDUCTIONS WILL BE MADE FROM YOUR CLAIM FOR ANY DAMAGE OR LOST ITEMS CLAIMED BUT NOT NOTED IN A TIMELY MANNER ON THE DD FORM 1840/1840R.

5. Prior to filing your claim, you should read the Special Instructions **CAREFULLY**. Those instructions contain important information about filing your claim. The instructions are attached at Enclosure 1.

6. Once the DD Form 1840/1840R is brought to this office, you will need to access PCLAIMS at <http://www.jagcnet4.army.mil/pclaims> to complete your claim. You must login with an AKO (Army Knowledge Online) user name and password. Contact the AKO help desk at 703-704-4357 (DSN 312-654-4357) if you do not already have an AKO username and password. If a Soldier's spouse uses his/her personal AKO to login, they must scan into PCLAIMS proof of authority to sign for the soldier (e.g. Power of Attorney). Once you log in, look left and click on USARCS. The USARCS home page appears and you must again look left and click on PCLAIMS. Before you can submit a claim or notice of loss, you must first create your personal profile. The personal profile must be for the Soldier (not the Soldier's Spouse). You only need to create this profile the first time you submit a claim or notice of loss. Please make sure you enter the Soldier's Social Security Number accurately!

7. You must complete the following steps in PCLAIMS to submit your claim. Please note that a separate claim must be filed for each shipment (household goods / hold baggage / POV). You must fill out the General Tab, Item Tab, Shipment Tab, and Insurance/FRV tab for our office to process your claim! It is optional for you attach documents in the Attachment Tab; however, this feature benefits you and helps you provide additional documentation to substantiate the value of your claim.

a. **New Claim (General Tab)** – You must complete this screen in order to file your claim. See the PCLAIMS Example at Enclosure 3. If you are unable to file your claim in PCLAIMS, you must complete a **DD Form 1842** and submit it to the Fort Polk Claims Office. You may download this form at <http://www.army.mil/usapa/> or pick up a copy at our office. The DD Form 1842 must be signed in Block 17 by the Soldier or Spouse. If the spouse signs the form, they must provide a Power of Attorney and write "Attorney in fact for." Make sure the amount of the claim is put in block 9. See DD Form 1842 Sample at Enclosure 5.

b. **Claim Item Details (Item Tab)** – You must complete this screen and list the Name of the Item, Quantity and Amount Claimed. Choose Missing or Damaged as appropriate. Answer the Yes/No questions as appropriate. You must click "Save Item." See PCLAIMS Example at

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Enclosure 4. You must enter the above information for each individual item you wish to claim! If you are unable to file your claim in PCLAIMS, you must complete a **DD Form 1844** and submit it to the Fort Polk Claims Office. You may download this form at <http://www.army.mil/usapa/> or pick up a copy at our office. See Sample at Enclosure 6. You may want to fill out a **DD Form 1844** to use as a guide to ensure you remember to enter all of your items in the PCLAIMS system.

c. **Shipment and Carrier Details (Shipment Tab)** – You must complete this screen and enter the Origin of Shipment, Destination of Shipment, PPGBL/order number, Pickup Date, Date of Delivery, SCAC, Carrier/Contractor Name. Please look at your **PCS Orders, DD Form 1299**(Application for Shipment), and **U.S. Government Bill of Lading** (If you had a local storage move, this would be replaced with a Service Order, DD Form 1164) to ensure you enter the above details accurately. A copy can be obtained from the Transportation Office if you do not have one.

d. **Insurance/FRV Details (Insurance/FRV Tab)** – You must complete this section if an insurance company and/or carrier paid you for any item you listed in the Item Tab.

e. **Attachments (Attachment Tab)** – You must scan and attach a copy of your 1840/1840R (Pink Form). In addition, you should scan and attach any other documents to support your claim. If you do not have the ability to scan and attach your documents at home, scanners are typically available at the Fort Polk Library or your local public library. The Fort Polk Claims Office recommends you attach the following: **PCS Orders, DD Form 1299, U.S. Government Bill of Lading**

Inventory - This is provided by the carrier at the time of pickup. If you cannot locate this form, contact the carrier or call this office for assistance in obtaining one.

Repair Estimates - Repair estimates are required for all furniture damage over \$100.00. **ALL ELECTRICAL ITEMS** with internal damage **must** have an itemized estimate of repair from a qualified repair firm in order to be considered for payment. The estimate must also state how the damage is related to shipping. Most electronic repair firms in this area charge \$35.00 for an estimate of repair. Please ensure that you pick up an Electronic Repair Form from this office for the technician to use in preparing his/her estimate. **This form is required in order for your claim to be properly adjudicated.** See “Repair Instructions” attached as Enclosure 2.

Purchase Receipts - In order to adjudicate your claim, we need to have purchase receipts, appraisals, photographs or some other form of substantiation on high-value items (over \$100.00). Without such substantiation it is possible that you will receive an amount considered fair and reasonable, i. e., an average price, rather than a more expensive one.

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Replacement Costs - Written replacement costs are required for any high-value item (over \$100.00) to be replaced. Written statements from a store employee with name, phone number, store name and address, cost, and model and serial number of item and catalog or ad pages are acceptable. With missing or damaged items, you may use your home PC to find the same or similar items and provide this information.

f. **Declaration** – You must read the Declaration and click the Yes I Agree button to proceed and file your claim. If you correctly completed the above steps, you should see the “Thank you for creating the Claims through our Online System” Screen. You click the button “Print this screen for my records” and save this in a safe place. You may view your newly submitted claim and all past claims filed in the PCLAIMS system.

8. For **PCLAIMS Technical Support Questions**, contact the Information Technology Division help desk at 901 North Stuart Street, Suite 1202, Arlington, VA 22203. Telephone: **703.588.2560**. You can email questions, comments or additional requirements to itdhelpdesk@jagc-smtp.army.mil.

9. The Government does not pay for incidental expenses such as phone bills, gas, items rented while waiting for your shipment to arrive or your claim to be paid, or time you spent on filling out your claim form.

10. **Do not** discard items damaged in shipment until all time requirements have been met or you get permission from this office to do so. In some cases, the damaged goods may have to be inspected or be turned in to the carrier or to the Defense Reutilization and Marketing Office.

11. If an item is not economically repairable and you wish to keep it, you may claim a reasonable amount for its loss of value and retain that article.

12. If you have obtained this claims packet without first receiving a briefing from the Claims Office, there may be additional documents or information requested from you at the time you turn in your claim.

13. If you have any questions or want to confirm receipt of your claim in the PCLAIMS system, please contact the Fort Polk Claims Office at 337-531-2636/1576/1197. Our Customer Service hours are Monday through Friday from 0800-1130 and 1230 -1630. We are closed on all Federal

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holidays. The Claims Office is located at 7090 Alabama Avenue, Building 1454, Fort Polk, Louisiana 71459.

6 Encl.

1. Special Instructions
2. Repair Instructions
3. New Claims PCLAIMS Screen
4. Claim Item Details PCLAIMS Screen
5. DD Form 1842 Example
6. DD Form 1844 Example

SPECIAL INSTRUCTIONS

DO NOT THROW AWAY OR DESTROY ANY ITEMS THAT HAVE BEEN DAMAGED DURING YOUR MOVE!!!!!!!!!!

The Transportation Service Provider (TSP) that moved your household goods has the right to pick up destroyed items from you. Therefore, you must retain all damaged or destroyed items for 90 days after you receive your check from the Army in settlement of the claim.

If you refuse to allow the TSP to pick up destroyed items for which the Army has allowed you the depreciated replacement cost, or are unable to do so because you disposed of the item, you will be required to reimburse the Army for the salvage value of the item.

If necessary, you may request and receive permission from the Claims Office to dispose of certain destroyed items before 90 days have elapsed. **DO NOT DESTROY ANY ITEMS WITHOUT SUCH PERMISSION!!!!**

Additionally, the carrier has up to 45 days from the date of delivery or the date of the last DD Form 1840R to inspect any damaged household goods. **DO NOT** have anything repaired prior to 45 days from the date of delivery without requesting permission from the Claims Office to do so. **If the TSP is not afforded the opportunity to inspect, you may lose all of your money from your claim.**

* **IF YOU HAVE ANY MISSING ITEMS THAT WERE NOT LISTED ON THE INVENTORY, YOU MUST PROVIDE A WRITTEN STATEMENT EXPLAINING HOW YOU KNOW THAT THOSE PARTICULAR ITEMS WERE INDEED PACKED AS PART OF YOUR SHIPMENT.**

* **IF YOU HAVE ANY ELECTRONIC ITEMS THAT SUSTAINED INTERNAL DAMAGE DURING SHIPMENT, YOU MUST PROVIDE A WRITTEN STATEMENT (IN ADDITION TO THE REPAIRMAN'S ESTIMATE) EXPLAINING HOW YOU KNOW THAT THE ITEM IN QUESTION WAS IN SATISFACTORY WORKING CONDITION PRIOR TO SHIPMENT.**

* **ONCE YOUR PAPERWORK IS COMPLETE AND YOU HAVE ALL DOCUMENTS AND SUBSTANTIATION NEEDED, PLEASE BRING IN TO THE CLAIMS OFFICE.**

REPAIR INSTRUCTIONS

1. When an item is repairable, and the repair cost does not exceed the replacement cost, you are entitled to claim a reasonable local repair cost. You will need a written estimate of repair when you are claiming repairs of \$100.00 or more. These estimates must be prepared by an established business, and signed by a representative of that firm. For electrical items (such as stereos, computers, TV's, VCR's, etc.) written itemized estimates indicating the damage are required for all internal damages. The estimates **MUST** include a statement by the repair person as to probable cause of damage and the exact nature of the damage to all parts being repaired or replaced. You will obtain a form from the Fort Polk Claims Office which must be used when obtaining an estimate for electronics.
2. You will normally be reimbursed for the reasonable cost of obtaining a written estimate, unless it is to be credited toward the repair bill.
3. Listed below are names, addresses, and phone numbers of local businesses that provide suitable estimates to file with your claim. This list is being provided for your convenience only and the Department of the Army does not endorse/ warranty any company or its repairs. You may obtain estimates from any **qualified** firm you desire.

A. FURNITURE REPAIR

The Shop – 3134 Hwy 190 West, DeRidder- 337-462-0231

ReFinishing Workshop- 1375 White City Rd, Hornbeck – 318-565-3832

B. UPHOLSTERY/CARPET CLEANING

PM Services- Leesville-337-238-3708

K.T.'s Cleaning-DeRidder-337-463-8483

Rapid Response Restoration- DeRidder- 337-462-6800

C. ELECTRONICS-TV-VCR-STEREO

P&S Electronics-450 Entrance Rd, Suite A-Leesville-337-537-6888

Trotter's Electronics-Hwy 71-Alexandria-318-487-8978

D. COMPUTERS

Hank's Computer Plus-14013 Lake Charles Hwy- Leesville-337-537-1082

E. APPLIANCE REPAIR

Downing and Sons 337-537-8903 Rosepine, LA

Moses True Value 337-462-2471 DeRidder, LA

F. BICYCLE REPAIR/PARTS

Red River Cyclery 318-473-4256 Alexandria, LA

G. GLASS REPAIR

Acme Glass 337-239-4261 Leesville, LA

Auto Glass Specialist 337-238-1821 Leesville, LA

Penny's Glass/Frames 337-462-2423 DeRidder, LA

H. CLOCK REPAIR

Roland Booty 337-239-3524 Leesville, LA

Tommy's 318-640-8208 Pineville, LA

I. CRYSTAL, CERAMIC, PORCELAIN, CHINA, AND METAL WARE REPAIR

Eberhardt Harry A. & Son Inc, 2010 Walnut Street, Philadelphia, PA 19103-(215-568-4144)
Email us@eberhardts.com

Replacements Limited - 1089 Knox Road, Dept. XL, Greensboro, NC 27420 - (800) 737-5223
Website <http://www.replacements.com>

Bowflex Customer Care Center - (800) 823-2605
Website <http://www.bowflex.com>

J. STERLING SILVER REPLACEMENT

Replacements Limited - 1089 Knox Road, Dept. XL, Greensboro, NC 27420 - (800) 737-5223
Website <http://www.replacements.com>

K. PAINTINGS/FRAMES/REPAIRS

Penny's Glass/Frames 337-462-2423 DeRidder, LA Picture Frames/Glass

The Shop 337-462-0231 DeRidder, LA Picture Frames/Glass

New Claim

[General](#)
[Items](#)
[Shipment](#)
[Insurance/FRV](#)
[Attachments](#)
[Need help?](#)

Note: You have 730 days from the date of incident to complete and submit this form

Claim Details		Dates	Amounts
Claim Office	FT LEWIS	Dt. of Incident	Arnt. Claimed \$0.00
Branch of Service	A		
SSN	XXX-XX-6789		

Please describe in your own words how the property was damaged or lost

Insurance Claims and Property Details

- DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY?**
(if "Yes" attach a copy of your policy)
 Yes No
- HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER?**
(if "Yes" attach a copy of your correspondence)
 Yes No
- HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY?**
(if "Yes" attach a copy of your correspondence with the carrier or warehouse firm.)
 Yes No
- HAVE YOU FILED A CLAIM WITH THE CARRIER?**
 Yes No

Claimant Contact Details

[Click here for help on address format](#)

Unit	Phone	Email	
HEADQUARTERS COMPA	555-555-5555	GENERALJONES@PCLAIMS.GOV	
Address1	City	State	
Address2	Zip Code	Country	
		-Please Select-	

Please verify your contact details before submitting to the Claims office

Claim Item Details



Note : All costs and amounts should represent the entire quantity of items.

Item Details

Need help?

Details about the damaged/missing item

Name of Item

Quantity

Missing/Damaged?

Missing Damaged

Description of damage



Inventory details and item costs

Inventory No.

Original Cost

Amt. Claimed

Dt. Purchased
(MM/YYYY)

Repair Cost

Insurance/Carrier
Payment

Replacement Cost

If you have received a payment from an insurer or carrier for this item(s), enter the amount in insurance/carrier payment

Declaration

Did this item belong to the government or someone other than you or your family member?

Yes No

Was this item acquired or held for sale or acquired or used in a private profession/business?

Yes No

 Save Item

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT *(See back for Privacy Act Statement and Instructions.)*

1. NAME OF CLAIMANT <i>(Last, First, Middle Initial)</i> SMITH, JOSEPH A.	2. BRANCH OF SERVICE ARMY	3. RANK OR GRADE SFC	4. SOCIAL SECURITY NUMBER 123-45-6789
5. HOME ADDRESS <i>(Street, City, State and Zip Code)</i> YOUR CURRENT MAILING ADDRESS		6. CURRENT MILITARY DUTY ADDRESS <i>(If applicable) (Street, City, State and Zip Code)</i> YOUR CURRENT UNIT FORT POLK LA 71459	
7. HOME TELEPHONE NO. <i>(Include area code)</i> (318) 111-2222	8. DUTY TELEPHONE NO. <i>(Include area code)</i> (337) 531-XXXX	9. AMOUNT CLAIMED \$1,050.00	

10. CIRCUMSTANCES OF LOSS OR DAMAGE *(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)*

On 21 January 2010 our household goods were picked up from Fort Hood, TX at 157 A Marcus Drive by Texas Steering Moving Company for shipment and storage under Government Bill of Lading Number JY000333. My household goods were then delivered to me on 15 June 2010 at 1550 C Fort Polk Blvd., Fort Polk, LA 71459 by Courteous Cargo Storage.

We have filed our FRV claim against the carrier (Texas Steering Moving Company) and we have settled all items except the items that were missing. The company says they are not responsible because there is no proof of tender for the quilt (my wife's heirloom quilt made by her great grandmother). They also said I did not provide an estimate of repair validating rough handling to my television (32" Sony flat screen television).

SAMPLE

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? <i>(E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)</i>	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? <i>(If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)</i>		X
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? <i>(If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)</i>		X
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>		X
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>		X

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:
 If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.
 I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.
 I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT <i>(or designated agent)</i> ***ORIGINAL SIGNATURE IN INK** THE SOLDIER MUST SIGN HERE, OR PROVIDE A POA	18. DATE SIGNED <i>(YYYYMMDD)</i> 20100910
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PART II - CLAIMS APPROVAL *(To be completed by Claims Office)*

19. PROCEDURE <i>(X one)</i>	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS		
<input checked="" type="checkbox"/> b. REGULAR CLAIMS		

21. SIGNATURES *(Signatures at a and c not required if small claims procedure is utilized)*

a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. REVIEWING AUTHORITY	d. DATE SIGNED <i>(YYYYMMDD)</i>
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED <i>(YYYYMMDD)</i>

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT *(To be completed by Claims Office)*

<p>23. DENIAL <i>(X if applicable)</i></p> <p>The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.</p>	<p>24. SUPPLEMENTAL PAYMENT <i>(X and complete if applicable)</i></p> <p>The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$</p>				
<p>25. SIGNATURES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">a. CLAIMS EXAMINER</td> <td style="width: 25%;">b. DATE SIGNED <i>(YYYYMMDD)</i></td> <td style="width: 25%;">c. REVIEWING AUTHORITY</td> <td style="width: 25%;">d. DATE SIGNED <i>(YYYYMMDD)</i></td> </tr> </table>		a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. REVIEWING AUTHORITY	d. DATE SIGNED <i>(YYYYMMDD)</i>
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<p>26. APPROVING/SETTLEMENT AUTHORITY <i>(Settlement Authority is required for denial.)</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">a. TYPED NAME</td> <td style="width: 25%;">b. GRADE</td> <td style="width: 25%;">b. SIGNATURE</td> <td style="width: 25%;">c. DATE SIGNED <i>(YYYYMMDD)</i></td> </tr> </table>		a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED <i>(YYYYMMDD)</i>
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