Montana Department of Natural Resources & Conservation EMPLOYEE CLAIM FOR LOSS OR DAMAGE TO PERSONAL PROPERTY

Gather all documentation possible while at the Incident. This may include, but is not limited to: claimant statements, supervisor statements, applicable IMT personnel statements, witness statements, photos, receipts, and estimates for repair. All personal statements must include a signature and the printed name, address, phone number, and home unit of the person making the statement. Retain copies of all documentation regarding status of claim or potential claim, notes from conversations regarding claims, and any actions taken regarding claims in the Claims portion of the Incident Finance Package. Notify Finance Section, Safety Officer, as applicable, and Line Officer of claims or potential claims as appropriate.					
NAME OF CLAIMANT		TITLE OF POSITION		Incident Name / Number	
Office or Hiring Unit		LOCATION WHERE LOSS OR DAMAGE OCCURRED		DATE OF LOSS OR DAMAGE	AMOUNT OF CLAIM
DESCRIPTION OF PROPERTY (Itemized Listing)					
DATE ACQUIRED	PURCHASE PRICE OR VALUE	VALUE WHEN LOST OR DAMAGED	ESTIMATED COST OF REPAIR		IM IS FOR <i>(Check one)</i>] LOSS DAMAGE
Attach original or replace	ment purchase receipts, or c	atalog/advertisement of like item a	s per instructions in C	hapter 370 in the 300 Inc	cident Business Manual.
GIVE BRIEF DESCRIPTION OF (CIRCUMSTANCES				
WAS PROPERTY INSURED?					
	IE OF INSURER AND ITEMIZE THE A				
I make this claim with the full knowledge of the penalties for willfully making a false claim, and certify that I am entitled to any payments					
DATE IF	CLAIMANT IS NOT OWNER OF PRO	DPERTY, STATE RELATIONSHIP TO OWNEI	R SIGN	IATURE OF CLAIMANT	
INCIDENT APPROVAL					
Date of Approval:	Line Officer	or Designee Name:		Signature:	