DEPARTMENT OF THE ARMY
U.S. ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON HAWAII
745 WRIGHT AVENUE, BUILDING 107, WHEELER ARMY AIRFIELD
SCHOFIELD BARRACKS, HI 96857-5013

AMIM-HIG-ZA

03 NOV 2026

MEMORANDUM FOR All Military Personnel, Department of War (DoW) Civilian Employees, and other personnel residing in Government Quarters within United States Army Garrison (USAG) Hawaii Installations

SUBJECT: Policy Memorandum (PM) #19 – Liability for Damage to Government Quarters, Furnishings and Equipment

1. References.

a. Army Regulation (AR) AR 735-5 (Relief of Responsibility and Accountability), 30 April 2026.

b. AR 420-1 (Army Facilities Management), 15 April 2026.

c. DoD Financial Management Regulation, Volume 7A, Chapter 52, 20 May 2020.

d. Army Barracks Management Plan (ABMP) Handbook Version 2, 12 January 2021.

2. Purpose. This policy establishes responsibilities and procedures for assessing financial liability for damage to government quarters, furnishings, and equipment assigned to occupants of Unaccompanied Personnel Housing (UPH) located on USAG Hawaii installations. Detailed procedures are contained in Enclosure 1.

3. Applicability. This policy applies to all permanent party military and civilians residing in UPH on USAG Hawaii installations.

4. Policy.

a. Occupants are responsible for exercising reasonable care to prevent damage, loss, or destruction of assigned government quarters, furnishings, equipment, and other government-owned property.

b. Occupants whose negligence, abuse, willful misconduct, or gross negligence results in damage or loss may be held financially liable in accordance with AR 735-5 (Relief of Responsibility and Accountability), the DoD Financial Management Regulation, and other applicable authorities.

c. Each occupant will acknowledge responsibility for assigned quarters and furnishings by completing the required liability documentation at assignment.

d. Damage assessments will apply authorized depreciation and liability limitations in accordance with AR 735-5 (Relief of Responsibility and Accountability). Financial liability resulting from gross negligence or willful misconduct is not subject to the normal one-month base pay limitation.

e. Damage caused by normal wear and tear, latent defects, authorized maintenance activities, acts of God, will not result in financial liability. The occupant is responsible for the actions of their guests.

f. Occupants may resolve liability through voluntary payment when authorized or through the financial liability process established by applicable regulations. When liability is disputed, the unit will initiate a Financial Liability Investigation of Property Loss (FLIPL) in accordance with AR 735-5 (Relief of Responsibility and Accountability).

5. Responsibilities.

a. Directorate of Public Works (DPW). Administer this policy, assess damages, determine repair costs, process financial liability documentation, and maintain applicable records.

b. Real Property Office (RPO). Process facility-related damage assessments and coordinate repair requirements.

c. Housing Office (HO). Process furnishings-related damage assessments, coordinate replacement actions, and administer DD Form 362 and other applicable documents.

d. Unit Commanders. Ensure occupants understand their responsibilities, initiate FLIPLs when required, and support collection and accountability actions.

e. Occupants. Promptly report damage, cooperate with inspections, complete required documentation, and satisfy valid financial liability determinations

6. Procedures. The procedures for assessing damage, determining financial liability, documenting inspections, processing voluntary collections, initiating Financial Liability Investigations or Property Loss (FLIPLs), processing pay adjustment authorizations, and coordinating actions among the Directorate of Public Works (DPW), Furnishing Management Office (FMO), Real Property Office (RPO), unit commanders, and servicing finance offices are contained in Enclosure 1. The supporting flowchart, inspection standards, checklists, liability acknowledgement, and other supporting documents contained in the remaining enclosures supplement these procedures and will be used, as applicable, to administer this policy.

7. Effective. This policy is effective immediately and supersedes Standard Operating Procedure # A-420.1.1, Liability for Damage to Government Quarters, Furnishings and Equipment, dated 10 November 2022, and PM #43 Liability for Damage to Government

Quarters, Furnishings and Equipment, dated 10 November 2022. It remains in effect until rescinded or superseded in writing.

8. Proponent. The proponent of this policy is the Housing Office, DPW, USAG Hawaii.

9. The point of contact for this memorandum is Sophia M. Sharper, Chief, Housing Office, DPW, USAG Hawaii at (808) 787-7399 or by sophia.m.sharper.civ@army.mil.

RICHMOND R. LUCE
COL, IN
Commanding

Encls
1. Procedures
2. Pay Adjustment Authorization Process
3. Liability for Damage to Assigned Housing
4. Quarters Condition Inspection Checklist
5. Assignments / Terminations Inspection Standard
6. DD Forms 362, 139, and 200

Procedures for Assessing and Processing Liability for Damage to Government Quarters, Furnishings, and Equipment

1. Purpose. This enclosure establishes standardized procedures for assessing, documenting, processing, collecting, and resolving liability for damage to government quarters, furnishings, and equipment assigned to occupants of Unaccompanied Personnel Housing (UPH). These procedures implement Policy Memorandum USAG Hawaii #19 (Liability for Damage to Government Quarters, Furnishings, and Equipment).

2. References. Use the references listed in the policy memorandum. If a conflict exists, higher-level law, Department of Defense guidance, or Army regulation takes precedence.

3. Applicability. These procedures apply to all military personnel, civilian employees residing in UPH, unit representatives, commanders, the Directorate of Public Works (DPW), Furnishings Management Office (FMO), Real Property Office (RPO), and servicing finance offices involved in liability determinations.

4. Inspection Procedures.

a. Conduct assignment, periodic, and termination inspections using Enclosure 4 and Enclosure 5.

b. Document all deficiencies using inspection forms and photographs when appropriate.

c. Distinguish damage caused by negligence or abuse from normal wear and tear.

d. Identify whether deficiencies involve government furnishings, the facility, or both.

5. Damage Assessment Procedures.

a. DPW will determine repair or replacement requirements.

b. Repair and replacement costs will be calculated using approved pricing methods.

c. Depreciation will be applied in accordance with AR 735-5 when authorized.

d. The occupant will receive an explanation of the assessment, repair costs, and methodology used to determine liability.

e. Damage resulting from fair wear and tear, latent defects, authorized maintenance, acts of God, will not normally result in financial liability.

6. Voluntary Resolution Procedures (DD Form 362).

a. Occupants may repair or clean deficiencies before final inspection when authorized.

b. When liability is accepted and due process is waived, the unit representative will prepare DD Form 362.

c. The occupant will take DD Form 362 to FMO or RPO for completion of repair cost calculations and administrative review.

d. The occupant will present the completed DD Form 362 to the servicing finance office for processing.

e. After Finance completes processing, the occupant will return a completed copy to FMO or RPO.

f. FMO or RPO will close the action, maintain the official file, notify the unit representative, and coordinate repair or replacement.

g. Units will complete final clearing actions after confirming successful completion of the collection process.

7. Pay Adjustment Authorization (DD Form 139).

a. DD Form 139 may be used only when authorized by applicable regulation.

b. DD Form 139 is normally reserved for situations in which separation or other circumstances prevent timely completion of DD Form 362 or DD Form 200.

c. DD Form 139 will not be used as the routine collection document when DD Form 362 is appropriate.

8. Financial Liability Investigation of Property Loss (DD Form 200).

a. Initiate a DD Form 200 when liability is disputed, negligence cannot be readily determined, the value exceeds regulatory limitations, or other circumstances require formal investigation.

b. FMO or RPO will provide supporting documentation and cost estimates.

c. The completed investigation will be processed through the appointing authority, investigating officer, legal review (when required), approving authority, and servicing finance office.

d. Collection actions will be completed only after final approval of the DD Form 200, when required by regulation.

9. Facility Repair Procedures.

a. Facility repairs will be coordinated through DPW Work Management.

b. When required, a Facilities Engineering Work Request (FEWR) will accompany liability documentation.

c. Repairs may be completed by the occupant, the unit, or DPW when authorized and coordinated through the appropriate office.

10. Records Management. Maintain inspection reports, photographs, repair estimates, DD Forms 362, 139, and 200, correspondence, work orders, and supporting documentation in accordance with ARIMS and applicable records retention requirements.

12. Relationship to Other Enclosures. This enclosure provides the operating procedures supporting the policy memorandum.

a. Enclosure 2 – Pay Adjustment Authorization Process (Flowchart)

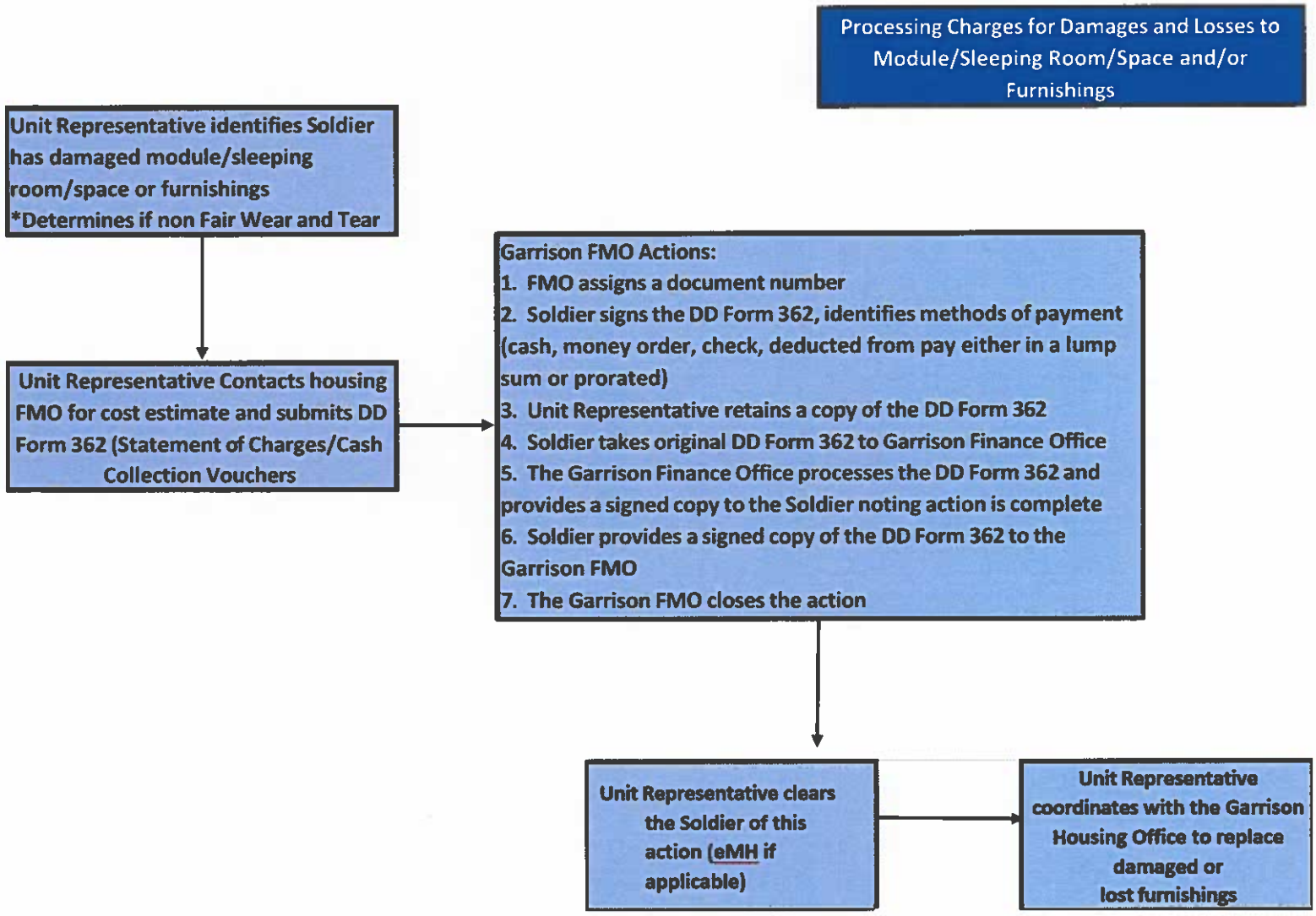
b. Enclosure 3 – Liability for Damage to Assigned Housing

c. Enclosure 4 – Quarters Condition Inspection Checklist

d. Enclosure 5 – Assignment/Termination Inspection Standard

e. Enclosure 6 – DD Forms 362, DD Form 139, and DD Form 200 Reference Forms

PAY ADJUSTMENT AUTHORIZATION PROCESS



LIABILITY FOR DAMAGE TO ASSIGNED HOUSING (EXAMPLE)

1. Public law makes military residents of Government quarters legally responsible for damage to the units, or for damage or loss of Government-owned appliances and furniture. Damages include lack of cleaning or failure to clean when resident clears/moves out of assigned room. This notice explains the rules which apply to unaccompanied personnel housing. Please read carefully and keep a copy for your records.

a. You could be held peculiarly liable when your Government quarters are damaged and/or appliances or furnishings are lost, damaged or destroyed as a result of your negligence or abuse. You are negligent if you act carelessly, or your guests act carelessly and you do not take proper steps to prevent or minimize such conduct. Abuse means either willful misconduct or the deliberate unauthorized use of quarters to include conducting unauthorized business in the unit. Barracks rooms that do not pass final inspection due to room cleanliness issues, will have a flat rate of $250.00 assessed to the occupant via DD Form 139 (Pay Adjustment Authorization), to bring the room back to standard and have it ready for the next occupant.

b. The Army has limited your liability to an amount equal to one month's basic pay, unless the damage or loss is caused by your gross negligence or willful misconduct; in such a case, you are liable for the full amount of damage or loss, which could amount to thousands of dollars. You are grossly negligent if you act in a reckless or willful manner, or if you are aware that your guests are likely to act recklessly and you do not take proper steps to prevent or minimize such conduct. In other words, if you know that damage is likely to result from the willful misconduct or reckless behavior of guests and despite such knowledge you fail to exercise available opportunities to prevent or limit the damage, you are grossly negligent and will be charged for the full amount of the loss.

c. You are not liable for damage due to fair wear and tear, or damage caused by an act of God or by the acts of persons other than your guests.

d. Special rules for quarters-related reports of survey permit commanders to waive claims damage or loss when the waiver is found to be in the best interests of the United States. This waiver authority is similar to forgiveness of the debt. If you request a waiver and fail to get it, you can appeal the matter through Command channels. If unsuccessful, you can seek redress through the Army Board for Correction of Military Records.

2. The purpose of the quarters' liability law is to set limits for your liability and to waive claims in appropriate circumstances. The liability created by the law makes the question of insurance very important. However, only you can decide whether the potential risk of loss warrants the purchase of insurance. The Army does not require insurance, nor does it endorse any specific carrier, but you may want to consider purchasing renter's insurance for your own protection and peace of mind.

3. The parties assigned to each living area are BOTH responsible for damage or destruction to the appliances and government-owned furniture located in the common areas. Both individuals will be held liable for equal shares for any damage and for the repair or replacement of any government property. Single occupants of 2+1or 2+2 configured rooms will be responsible for the complete room inventory.

I have read and understand the policy contained herein.

_____ _____

SERVICE MEMBER (SM) NAME BLDG/RM #

SM SIGNATURE: _____ DATE: _____

SOLDIER'S NAME: _____ RANK: _____ UNIT: _____

ASSIGNMENT OR TERMINATION (CIRCE ONE) BLDG: _____ ROOM #: _____

Quarters Condition Inspection Checklist (Example)

ITEMS INSPECTED		New	Good	Fair	N/A	DEFICIENCIES (MISSING, POOR, OTHER)
KITCHEN	MAIN DOOR / LOCK OPERATION	O	O	O	O	
	CEILING AND WALLS	O	O	O	O	
	FLOOR	O	O	O	O	
	LIGHT FIXTURES / SWITCHES / OUTLETS	O	O	O	O	
	CABINETS AND COUNTERTOP	O	O	O	O	
	SINK AND GARBAGE DISPOSAL	O	O	O	O	
	STOVE / MICROWAVE	O	O	O	O	
	REFRIDGERATOR	O	O	O	O	
	VENTILATION / EXHAUST FANS	O	O	O	O	
	TABLE W/2 CHAIRS	O	O	O	O	
BATH	CEILING AND WALLS	O	O	O	O	
	DOOR / FLOOR / TRIM	O	O	O	O	
	EXHAUST FAN	O	O	O	O	
	HARDWARE (TOWEL BAR, TOILET PAPER HOLDER, ETC.)	O	O	O	O	
	SHOWER / TUB / SINK / COMMODE	O	O	O	O	
	VANITY / CABINET / MIRROR(S)	O	O	O	O	
	LIGHT FIXTURES / SWITCHES / OUTLETS	O	O	O	O	
BEDROM	CEILING AND WALLS	O	O	O	O	
	DOORS / FLOOR / TRIM	O	O	O	O	
	WINDOW / SCREENS / CURTAINS/BLINDS	O	O	O	O	
	CLOSET	O	O	O	O	
	LIGHT FIXTURES / SWITCHES / OUTLETS	O	O	O	O	
	CEILING FANS	O	O	O	O	
	BED / UNDERBED DRAWERS	O	O	O	O	
	CHEST, 3-DRAWER/DRESSER/MIRROR	O	O	O	O	
	MATTRESS	O	O	O	O	
	DESK / DROPLID / CHAIR	O	O	O	O	
	NIGHT STAND / END TABLE	O	O	O	O	
	TV STAND / ARMOIRE	O	O	O	O	
	SOFA / LOUNGE CHAIR	O	O	O	O	
	TABLE W/2 CHAIRS	O	O	O	O	
	LAMP / TRASH CAN	O	O	O	O	
	SMOKE DETECTOR	O	O	O	O	

OCCUPANT NAME	INSPECTION DATE	INSPECTOR NAME
Sign:		Sign:
Print:		Print

Assignments / Terminations Inspection Standard (Example)
(Without roommate), Page 1 of 2

The following areas will be inspected for assignments and terminations by the 1SG, Platoon Sergeant, or Squad Leader. Rooms will not be cleared or assigned if the standards are not met. All inspections are to be validated by the Company 1SG.

1. Ensure that all trash is removed from the room. Trash cans must be clean* inside and outside.

2. Ensure that drawers to all furniture and/or cabinets are wiped clean* & completely empty.

3. Ensure that all hangers are removed from the closets or wall lockers.

4. Ensure that the room is swept properly (under beds, under furniture, in closets, behind refrigerator, etc.)

5. Ensure that the room is mopped properly (under beds, under furniture, in closets, behind refrigerator, etc.).

6. Ensure that the refrigerator is empty, cleaned* inside and outside (with no spilled food or fingerprints) and defrosted (leave plugged in).

7. Ensure that the microwave is clean* (inside and outside) with no grease or food splatters. All kitchen tops must be cleaned* using a ceramic cleaner (no black burn marks visible).

8. Ensure that the sink area is properly cleaned* and disinfected.

9. Ensure that the toilet and restroom area is properly cleaned* and disinfected (including tile walls). Mirrors must be clean* and spot free.

10. Ensure that the shower or tub is properly cleaned* (to include tile walls).

11. Ensure that the lights and trim boards are cleaned*.

12. Ensure that windows, blinds and windowsills are clean*.

13. Ensure that all furniture is wiped off. Any wax, glue or other residue must be removed.

14. Ensure that the AC vents and filter are dusted and cleaned* and turned off.

15. Ensure that the rug, if applicable, is vacuumed and spot free.

16. Provide turn off notice for cable/phone service. Excessively long cable lines need to be removed from the room.

17. Turn in or Issue key(s).

(*Clean(ed): Free from dirt, stain, or Impurities: Unsoiled. Free from foreign matter.)

Failure to meet the above requirements will require a re-inspection and will delay your clearing process. Soldiers that are not leaving post on the day they clear and need a place to stay should contact their Command Team for a Transient room.

Assignments / Terminations Inspection Standard (Example)
(With roommate), Page 2 of 2

The following areas will be inspected for assignments and terminations by the 1SG, Platoon Sergeant, or Squad Leader. Rooms will not be cleared or assigned if the standards are not met. All inspections are to be validated by the Company 1SG.

1. Ensure that all trash is removed from your side of the room.

2. Ensure that the drawers to your furniture and/or cabinets are wiped clean* & completely empty.

3. Ensure that all hangers are removed from your closets or wall-lockers.

4. Ensure that your side of the room is swept properly (under beds, under furniture, in closets, behind refrigerator, etc.).

5. Ensure that your side of the room is mopped property (under beds, under furniture, in closets, behind refrigerator, etc.).

6. Ensure that your items are removed and the refrigerator is clean* inside and outside.

7. Ensure that the microwave is clean* inside and outside (with no grease or food splatters). All kitchen tops must be cleaned* using a ceramic cleaner (no black burn marks visible).

8. Ensure that the sink area is properly cleaned* and disinfected.

9. Ensure that your toilet items are picked up and area is properly cleaned* and disinfected (to include tile walls).

10. Ensure that the lights and trim boards are cleaned*.

11. Ensure that your furniture is wiped off. Any wax, glue or other residue must be removed.

12. Ensure that windows, blinds, and window sills are clean*.

13. Ensure that the AC vents and filter are dusted and cleaned*.

14. Ensure that the rug, if applicable, is vacuumed and spot free.

15. Provide proof of non-liability for cable/phone service. Excessively long cable lines need to be removed from the room.

16. Turn in or Issue key(s).

(*Clean(ed): free from dirt, stain, or Impurities: unsoiled. Free from foreign matter.)

Failure to meet the above requirements will require a re-inspection and will delay your clearing process. Soldiers that are not leaving post the day they clear and need a place to stay should contact their Command Team for a Transient room.

DD FORM 362, STATEMENT OF CHARGES/CASH COLLECTION VOUCHER

STATEMENT OF CHARGES/CASH COLLECTION VOUCHER	1. DATE
	2. DOCUMENT/VOUCHER NUMBER

3. ORGANIZATION	4. STATION

5. DISBURSING OFFICE COLLECTION VOUCHER NUMBER	6. DISBURSING STATION SYMBOL NUMBER	7. ACCOUNTING CLASSIFICATION

STOCK NUMBER a.	ITEM DESCRIPTION b.	QTY c.	UNIT PRICE d.	TOTAL COST e.
				0
				0
				0
				0
				0
				0
				0

8. TYPE OR ACTION *(Select one)*

a. PAYROLL DEDUCTION	b. CASH COLLECTION	c. GRAND TOTAL
		$0.00

9. CERTIFICATION OF RESPONSIBLE INDIVIDUAL I certify that my signature hereon constitutes

a. An authorization to recover the amount of the indebtedness through payroll deduction, if payroll deduction is checked. If cash collection is checked, I am remitting debt in cash.

b. An affirmation that the articles are not now in my possession.

c. An agreement to turn-in to the appropriate supply officer all articles later recovered, it being understood that the U.S. Government retains title to the articles listed hereon.

d. RANK/ GRADE	e. NAME *(LAST, First, Middle Initial)*	g. CAUSE FOR CHARGE	h. SIGNATURE	i. AMOUNT
	f. SOCIAL SECURITY NUMBER			

10. ORGANIZATION COMMANDER	11. DISBURSING OFFICER OR PAYROLL CERTIFYING OFFICER
The statements hereon are complete and correct. All damaged property has been disposed of in accordance with current directives and the charges have been computed in accordance with the provisions of AR 735-5, Appendix B.	The amount entered in grand total has been (FAO) check the appropriate action below.
	☐ a. Entered on the appropriate pay record or payroll, or DD Form 139 has been prepared and forwarded for collection.
	☐ b. Remitted through cash collection.

a. DATE	b. SIGNATURE BLOCK/SIGNATURE	c. DATE	d. SIGNATURE BLOCK/SIGNATURE

DD FORM 362, JUL 93 *Previous edition may be used.*

Reset

DD FORM 139, PAY ADJUSTMENT AUTHORIZATION

PAY ADJUSTMENT AUTHORIZATION

NOTE: If member has been transferred, forward this authorization to the officer currently maintaining the member's pay record.

MEMBER (Last name) (First) (Middle)	SSAN	GRADE/RANK/RATE	BRANCH OF SERVICE	DATE

PAY GRADE NO.	LAST PAY RECORD EXAMINED	AMOUNT	APPROPRIATION DATA
			Company Code:

FROM
Directorate of Public Works, Housing Division
IMPC-HI-PWH), 215 Duck Road, Schofield Barracks, HI 96857-5000

NAME OF ACCOUNTABLE D.O.

SYMBOL NO.

G.A.O. EXCEPTION CODE
CNTRL#

(Include ZIP Code)

TO
Commander
125th Financial Management Company
ATTN: Debt Management Section
Schofield Barracks, HI 96857

YOU ARE HEREBY AUTHORIZED TO

☐ CHARGE ☐ CREDIT

THE MILITARY PAY RECORD OF THE MEMBER LISTED ABOVE

EXPLANATION AND/OR REASON FOR ADJUSTMENT

BARRACKS BLDG_____ ROOM _____

CLEANING: $ _____
FURNITURE: $ _____
KEYS/DAMAGE: $ _____
TOTAL CHARGES: $ _____

*This is a 10 U.S.C. 2775 Recovery.

I HAVE REVIEWED THE ABOVE CHARGES AND AGREE/DISAGREE WITH THESE CHARGES, I UNDERSTAND THAT IF I DISAGREE, I WILL REQUEST A FINANCIAL LIABILITY INVESTIGATION THROUGH MY UNT FOR CHARGES.

*BARRACKS INSPECTION/REPAIR FORMS ARE ATTACHED X _____
(RESIDENT SIGNATURE)

STATUS: ETS / PCS / DEPLOYMENT / AWOL / MOVE OUT

MANAGER (PRINT & SIGN): X_____ X _____

INSPECTOR/CLERK (PRINT & SIGN): X_____ X _____

UNIT REPRESENTATIVE (PRINT & SIGN): X_____ X _____

Signed Original to Finance & 1 Copy Ea. to Directorate Resource Management, ABMP Barracks Room Folder, Resident & Unit

The above adjustment is based on a thorough examination of all available records. If the Disbursing Officer has knowledge that a previous adjustment has been made or why the adjustment should not be made for the same item, this authorization should be returned with a brief statement of the reason for failure to make adjustment.

FROM
Directorate of Public Works, Housing Division
(IMPC-HI-PWH), 215 Duck Road, Schofield Barracks, HI

CERTIFYING OFFICER (Name, rank/grade, and signature)

CERTIFICATE

I CERTIFY that the adjustment indicated above has been entered on the above-named member's Military Pay Record. (If adjustment has not been entered, give explanation on reverse over D.O.'s signature and symbol number.)

TO
Commander
125th Financial Management Company
ATTN: Debt Management Section
Schofield Barracks, HI 96857

TYPED NAME AND GRADE OF D.O.

D.O. SYMBOL NO. | DATE

SIGNATURE

DD FORM 139, MAY 53 EDITION OF THIS FORM NOT HAVING SSAN IS OBSOLETE AFTER 30 JUN 69 *Form approved by Comp. Gen., U.S.*

DD FORM 200, FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

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)*
(Attach additional pages as necessary)

☐	Lost	☐	Damaged	☐	Destroyed
☐	Organization	☐	Installation	☐	OCIE

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

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

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

a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED *(X one)* ☐ YES ☐ NO	b. COMMENTS/RECOMMENDATIONS	
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

13. APPOINTING AUTHORITY

a. RECOMMENDATION *(X one)* ☐ APPROVE ☐ DISAPPROVE	b. COMMENTS/RATIONALE	c. FINANCIAL LIABILITY OFFICER APPOINTED *(X one)* ☐ YES ☐ NO
d. ORGANIZATIONAL ADDRESS *(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)*	e. TYPED NAME *(Last, First, Middle Initial)*	f. DSN NUMBER
	g. SIGNATURE	h. DATE SIGNED

14. APPROVING AUTHORITY

a. RECOMMENDATION *(X one)* ☐ APPROVE ☐ DISAPPROVE	b. COMMENTS/RATIONALE	c. LEGAL REVIEW COMPLETED IF REQUIRED *(X one)* ☐ YES ☐ NO ☐ N/A
d. ORGANIZATIONAL ADDRESS *(Unit Designation, Office Symbol, Base, State/Country, ZIP Code)*	e. TYPED NAME *(Last, First, Middle Initial)*	f. DSN NUMBER
	g. SIGNATURE	h. DATE SIGNED

DD FORM 200, FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

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