

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS							
1. DATE INITIATED (YYYYMMDD) 20100421		2. INQUIRY/INVESTIGATION NUMBER 02-573-04		3. DATE LOSS DISCOVERED (YYYYMMDD) 20100418			
4. NATIONAL STOCK NO. 4930-00-236-0087	5. ITEM DESCRIPTION Dispensing Pump, Hand Driven		Add More Items	6. QUANTITY 2	7. UNIT COST 268.57	8. TOTAL COST 537.14	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary)			Add Page	<input checked="" type="checkbox"/> Lost <input type="checkbox"/> Organization	<input type="checkbox"/> Damaged <input type="checkbox"/> Installation	<input type="checkbox"/> Destroyed <input type="checkbox"/> OCIE	
<p>On 12 through 18 2010, a joint inventory of the unit motor pool was conducted by SSG Gary M. Slatt, the outgoing motor sergeant, and SSG Bryan D. McKee, the incoming motor sergeant. the property identified in blocks 4 through 8 above and on continuation sheet could not be found.</p>							
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary)							
<p>Commander placed command emphasis on keeping him informed when property is loaned to another platoon or section within the unit and on the preparation of sub-hand receipts when property is loaned to other platoons and sections within the unit.</p>							
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10							
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) 573d Supply and Service Company Fort Mile High, HI 12345-6789			b. TYPED NAME (Last, First, Middle Initial) Groff, Austin E., 1LT, ORD, XO		c. DSN NUMBER 321-8888		
			d. SIGNATURE		e. DATE SIGNED		
12. (X one) <input checked="" type="checkbox"/> RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)		REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)					
a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		b. COMMENTS/RECOMMENDATIONS SSG Slatt alleges missing property was loaned to the Laundry and Bath (L&B) Platoon. However, when asked to provide the hand receipt showing the issue of property to the L&B platoon, he was unable to provide them.					
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) 573d Supply and Service Company Fort Mile High, HI 12345-6789			d. TYPED NAME (Last, First, Middle Initial) Armstrong, Joseph E. CPT, Inf, Commanding		e. DSN NUMBER 321-6666		
			f. SIGNATURE		g. DATE SIGNED		
13. APPOINTING AUTHORITY							
a. RECOMMENDATION (X one) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE			c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE			c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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		