

**PROPERTY  
LOSS/DAMAGE REPORT**  
Contractors & Employees  
Please fill out top portion of form



**State of Alaska**  
Department of Natural Resources  
Division of Forestry

Use blue ink  
Print legibly

Date received

Received by

Date of Loss/Damage: / /

Name and Address of Claimant

Claim Amount \$

Date / /

Incident #/Name

Phone # ( )

Item No.	Quantity	Description of item, attach photographs showing damage. List make, model and serial numbers for all equipment	Date Purchased	Original Purchase Price	Value Per Item	Amount Claimed
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

**Three bids or estimates are required for any item totaling \$1,000 or more. One bid required in remote locations for items < \$2,500**

**Explanation.** Explain in detail what happened. Provide factual evidence of the circumstances involving your loss. Include name, title and address of person or persons you believe contributed to your loss. Include witness statements, names, addresses and phone numbers when applicable. If more room is needed, use the back side of this form, or a separate sheet. No claim will be approved for replacement of items that can be reasonably repaired. Depreciation may apply on approved claims due to age of item. **Total amount claimed \$** \_\_\_\_\_

**Insurance.** Was property insured? Please circle one: Yes No Has claim been submitted to your insurance company? Yes No

**Claimant agrees that this claim amount (or proposed settlement amount above, if applicable), if approved, satisfies all damages or loss for the item(s) listed above and claimant will hold the State harmless for future claims for item(s) listed above.**

Claimant Signature:

Date:

Area Office Comments and Recommendations

**Contractor & Third Party Claims Only**  
**Recommended Settlement (if applicable) Amount \$**

Settlement Proposed by- Staff Initials Vendor Initials

Staff Recommending Settlement Amount \$

Staff (adjudicator) Home Unit

Regional Forester  Concurs with claim  
 Denies claim  
Date:  Concurs with settlement amount

Comments

FY	AR	Task	Function	Object	Amt. Approved
					\$
					\$
					\$

Approval: Title: EMP ID: Date:

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Within 90 days of date of denial Claimant may appeal items/claims denied in writing to:

DNR Procurement Officer, 550 W. 7th Ave - Suite 1230, Anchorage, AK 99501

See AS36.30.620. Otherwise denied claims will be considered closed.

Original to State of Area Office for forwarding to Region

## EMERGENCY EQUIPMENT – USE INVOICE

1. CONTRACTOR a. name and address				2. INCIDENT OR PROJECT NAME							
				3. AGREEMENT NUMBER (from OF-294)							
				4. EFFECTIVE DATES OF AGREEMENT a. beginning _____ b. ending _____							
5. EQUIPMENT (list make, model, serial number, etc.)				6. POINT OF HIRE (location when hired)							
				7. DATE OF HIRE				8. TIME OF HIRE			
9. ADMINISTRATIVE OFFICE FOR PAYMENT				10. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)							
				11. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT							
				12. RESOURCE ORDER NUMBER							
13. YEAR 20 <u>17</u>		14. WORK OR DAILY RATE			15. SPECIAL RATE			16. TOTAL AMOUNT EARNED (14C + 15C)		17. GUARANTEE	18. AMOUNT (COLUMN 16 OR 17, WHICHEVER IS GREATER)
MO	DA	a. UNITS WORKED (M/HR/DAY)	b. RATE	c. AMOUNT	a. UNITS WORKED (M/HR/DAY)	b. RATE	c. AMOUNT				
19. CHARGE CODE				20. OBJECT CODE				23. GROSS AMOUNT DUE			
21. EQUIPMENT WAS DATE: <input type="checkbox"/> RELEASED <input type="checkbox"/> WITHDRAWN TIME: _____				24. ITEM 23 FROM PREVIOUS PAGE				25. TOTAL AMOUNT DUE			
22. REMARKS				26. DEDUCTIONS (attach statement)				27. ADDITIONS (attach statement) <b>GRATUITY</b>			
				28. NET AMOUNT DUE							
29. NOTE: CONTRACT RELEASE FOR AND IN CONSIDERATION OF RECEIPT OF PAYMENT IN THE AMOUNT SHOWN ON "NET AMOUNT DUE: LINE 28, CONTRACTOR HEREBY RELEASES THE GOVERNMENT FROM ANY AND ALL CLAIMS ARISING UNDER THIS AGREEMENT EXCEPT AS RESERVED IN "REMARKS" BLOCK 22.											
30. CONTRACTOR'S SIGNATURE				31. DATE		32. RECEIVING OFFICER'S SIGNATURE				33. DATE	
34. PRINT NAME AND TITLE						35. PRINT NAME AND TITLE					

