

**PROPERTY
LOSS/DAMAGE REPORT**

**Vendors, 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

Name and Address of Claimant

Claim Amount: \$

Date of Loss/Damage:

Date Claim Submitted:

Phone # ()

Incident #/Name

RO#:

Email:

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
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

Two estimates are required for any item totaling \$3,000 or more, however Forestry reserves the right to require additional estimates.

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. If Equipment hired Without Operator, include summary of damages 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, 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:

Incident Representative Above Delegation - Recommend: Approve Deny Within Delegation: Approve Deny Amount: \$

Comments:

Name/Title: Signature: Date:

Area Forester Above Delegation - Recommend: Approve Deny Within Delegation: Approve Deny Amount: \$

Comments:

Name: Signature: Date:

Regional Forester Above Delegation - Recommend: Approve Deny Within Delegation: Approve Deny Amount: \$

Comments:

Name: Signature: Date:

Procurement Approve Deny Amount: \$

Comments:

Name: Signature: Date:

FY	Template	Function	Object	Amt. Approved		EMP ID	Date
				\$			
				\$			
Approval:				Title:			
Approval:				Title:			

DOF Rev
6/27/2020

EMERGENCY EQUIPMENT – USE INVOICE

PAGE 1 OF

EMERGENCY EQUIPMENT - USE INVOICE						PAGE	OF		
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 2017 MO DA		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)	
a. UNITS WORKED (MI/HR/DAY)	b. RATE	c. AMOUNT	a. UNITS WORKED (MI/HR/DAY)	b. RATE	c. AMOUNT				
19. CHARGE CODE			20. OBJECT CODE			23. GROSS AMOUNT DUE			
						24. ITEM 23 FROM PREVIOUS PAGE			
21. EQUIPMENT WAS DATE:			<input type="checkbox"/> RELEASED <input type="checkbox"/> WITHDRAWN TIME:			25. TOTAL AMOUNT DUE			
						26. DEDUCTIONS (attach statement)			
22. REMARKS						27. ADDITIONS (attach statement) GRATUITTY			
						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						

