**INVENTORY OF PERSONAL EFFECTS**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duty station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mission or Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Roster Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entry on date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nr** | **Category** | **Description** | **Year of Purchase** | **Place of purchase**  | **Purchase Value in USD** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

I hereby solemnly declare that the above items and their description are a true reflection of my possessions at my duty station.

Signature:

Certified by[[1]](#footnote-2):

* Please use the following item categories: Clothing (including bed linen); Furniture; Equipment; Other.
* Please print or write all information clearly and itemize your inventory carefully.
* It is your personal responsibility to update your inventory regularly.
* **An unsigned, undated, or uncertified form is not valid!**
* Keep in mind that in case of loss of your personal effects, only your inventory form, duly filed and signed by you, certified by the respective administrative unit in your Mission/Agency, and the values indicated therein, will be taken into consideration by the Claims Board for possible reimbursement
1. Administrative Unit in your Mission/Agency [↑](#footnote-ref-2)