

PERSONAL PROPERTY VALUE FORM

To: Army & Air Force Exchange Service, Okinawa Area Exchange

Via: Personal Property Claimant Name: _____

Ref: JAGINST 5890.1 Enc. (6)

Per the reference, it is requested that the Army and Air Force Exchange Service (AAFES) Manager please verify the value of the below listed items.

The purpose for this price verification is to establish a comparable replacement value on the following articles claimed:

| | Name of Article | Quantity | Total Retail Cost |
|----|-----------------|----------|-------------------|
| a. | _____ | | |
| b. | _____ | | |
| c. | _____ | | |
| d. | _____ | | |
| e. | _____ | | |
| f. | _____ | | |
| g. | _____ | | |
| h. | _____ | | |
| i. | _____ | | |
| j. | _____ | | |

If the aforementioned items were sold by AAFES at the aforementioned prices, please complete the enclosure.

POC for this form is the Office of the SJA, Claims Department, Camp Foster, Bldg. 1- Basement, DSN (315) 645-7460/9429

PERSONAL PROPERTY VALUE VERIFICATION FORM

From: Army & Air Force Exchange Service, Okinawa Area Exchange
To: Claims Supervisor, Marine Corps Installations Pacific
Via: Personal Property Claimant
Ref: JAGINST 5890.1 Enc. (6)

I am the AAFES Exchange Manager or have direction to act on his or her behalf.

I have reviewed the Claimant Name _____
Personal Property Value Verification Form.

I have verified items _____ through _____ to be the retail price of these articles and further verify that the said items are or have been carried by AAFES Exchange either in store and/or in the AAFES Exchange Catalog.

Point of contact at AAFES in this matter is _____

at DSN _____.

Exchange Manager Date