

**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. 437, DSN (315) 645-7460

**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