

## Department of Defence

### LOSS OR DAMAGE REPORT AND VOUCHER

This Report (and voucher) is for ☐ Loss ☐ Damage

	Title	Report Number (QM to verify)	TDT (QM to verify)
Unit			
Sub Unit			

#### Person Reporting Loss or Damage

Number	Rank	Name
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#### ITEMS LOST OR DAMAGED (if insufficient space attach a schedule)

NSN (QM to verify)	Short Item Name	Qty	Date Issued (QM to verify)	Value (QM to verify)	Item Live (QM to verify)	Folio No
Total Value						

Statement by person reporting loss or damage

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- ☐ I do not accept responsibility for the loss or damage I am reporting.
- ☐ I seek compensation from the Commonwealth.
- ☐ I am agreeable to a voluntary payment and understand this is revocable at any time before payment occurs.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Rank)

\_\_\_\_\_  
(Date)

#### Sub unit Commander

Comments

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\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Rank)

\_\_\_\_\_  
(Date)

**Investigating Officer Report (Following Informal Investigation Under DI (A) ADMIN 23-2)**

Number	Rank	Name
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**I, the above Named, state:****The Incident was caused by an offence and**

Number

Rank

Name

**Has been found guilty of an offence and reparation has been ordered.**☐ **Other (State below)****I recommend that:**

- ☐ Exchange occur in accordance with MEMA.
- ☐ Purchase from UMA occur in accordance with MEMA.
- ☐ ROMUM action be effected in accordance with MEMA.
- ☐ The incident be financially adjusted under SERVFINMAN-ARMY (write off).
- ☐ A collective levy be imposed in accordance with DI(A) ADMIN 23-2.
- ☐ Compensation be approve in accordance with INDMAN 1 VOL 3.
- ☐ The voluntary payment as offered by the member be accepted.
- ☐ The incident be formally investigated in accordance with DI(A) ADMIN 12-2.
- ☐ Other (State below)

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(Signature)

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(Printed Name)

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(Rank)

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(Date)**Direction By Financial or Other Delegate (See relevant reference above)**☐ **I Approve the Recommendation**☐ **I Do Not Approve the Recommendation**

Comments

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(Signature)

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(Printed Name)

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(Rank)

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(Date)**Relevant Documentation (If applicable)**

Unit Investigation File Number	
Charge Report or Courts Martial Reference Number	
Kit Debit List, Stoppage Sheet or Official Receipt Number	
Register or Financial Adjustment Serial Number	
RODUM Serial Number	