



How to fill out a  
Financial Liability Investigation  
of Property Loss  
(FLIPL)

# DD FORM 200



The Financial Liability Investigation of Property Loss (FLIPL) process is used to:

- A. Account for loss, damage, destruction, or theft of government property; determine the responsibility and amount of financial liability of those found to be culpable for such financial losses; provide relief from accountability; and establish debts resulting from the assessment of financial liability.
- B. Provide commanders with historical data which will enable them to take corrective action to prevent recurrence of the incident.

The DD 200 is used to document the circumstances concerning the loss, damage, destruction, or theft of government property. It serves as a voucher for adjusting the property from accountable records. The DD 200 is not a pay checkage form.

# DD FORM 200 Instructions



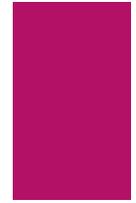
## Section to be completed by Marine:

Step 1: Block 1 Date Initiated: Date you turned in your FLIPL to supply.

Step 2: Block 3 Date Loss Discovered: Date you turned in your FLIPL to supply.

<b>1. DATE INITIATED (YYYYMMDD)</b>		<b>2. INQUIRY/INVESTIGATION NUMBER</b> M30001-		<b>3. DATE LOSS DISCOVERED (YYYYMMDD)</b>	
<b>4. NATIONAL STOCK NO.</b>	<b>5. ITEM DESCRIPTION</b> See continuation page (If more then 1 item) <input type="button" value="Add More Items"/>	<b>6. QUANTITY</b>	<b>7. UNIT COST</b>	<b>8. TOTAL COST</b>	
<b>9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one)</b> (Attach additional pages as necessary) I lost my gear. I am volunteering to reimburse the government, and I understand my rights.		<input checked="" type="checkbox"/> Lost <input checked="" type="checkbox"/> Organization	<input type="checkbox"/> Damaged <input type="checkbox"/> Installation	<input type="checkbox"/> Destroyed <input type="checkbox"/> OCIE	<input type="button" value="Add Page"/>
<b>10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURENCES</b> (Attach additional pages as necessary) I will keep better accountability of my gear. <input type="button" value="Add Page"/>					

Block 2 will be filled out by Supply



**\*If more then one item is lost skip 4 – 8 and click “Add more items” on block 5. Proceed to fill out same info on continuation page from blocks 4 – 8 there.**

Step 3: National Stock number: Item number located on the left side of the gear on the IIF receipt.

\*\*\*IIF receipts can be pulled from the DPAS website: <https://member.dpas.dod.mil/>

Step 4: Item description: Item name of IFF Receipt exactly how its written.

Step 5: Quantity

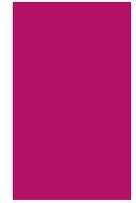
1. DATE INITIATED (YYYYMMDD)		2. INQUIRY/INVESTIGATION NUMBER M30001-		3. DATE LOSS DISCOVERED (YYYYMMDD)	
4. NATIONAL STOCK NO.	5. ITEM DESCRIPTION See continuation page (If more then 1 item)	<input type="button" value="Add More Items"/>	6. QUANTITY	7. UNIT COST	8. TOTAL COST
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary)		<input type="button" value="Add Page"/>	<input checked="" type="checkbox"/> Lost <input checked="" type="checkbox"/> Organization	<input type="checkbox"/> Damaged <input type="checkbox"/> Installation	<input type="checkbox"/> Destroyed <input type="checkbox"/> OCIE
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary)		<input type="button" value="Add Page"/>			

I lost my gear. I am volunteering to reimburse the government, and I understand my rights.

I will keep better accountability of my gear.

Step 6: Unit Cost: Unit cost is at a depreciated value of 25% due to gear being used prior. You will calculate with this equation:

**Original cost (found on IFF receipt) X .75 = New cost (unit cost).**



Step 7: Total Cost: Automatically populates the combined total of all new costs.

IFF Receipt example next slide...

1. DATE INITIATED (YYYYMMDD)		2. INQUIRY/INVESTIGATION NUMBER M30001-		3. DATE LOSS DISCOVERED (YYYYMMDD)	
4. NATIONAL STOCK NO.	5. ITEM DESCRIPTION See continuation page (If more then 1 item) <a href="#">Add More Items</a>	6. QUANTITY	7. UNIT COST	8. TOTAL COST	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary) I lost my gear. I am volunteering to reimburse the government, and I understand my rights.		<input checked="" type="checkbox"/> Lost <input checked="" type="checkbox"/> Organization	<input type="checkbox"/> Damaged <input type="checkbox"/> Installation	<input type="checkbox"/> Destroyed <input type="checkbox"/> OCIE	
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) I will keep better accountability of my gear.					

THE MARINE THAT IS MISSING GEAR MUST SUBMIT HIS/HER IIF RECEIPT TO SUPPLY ALONG WITH HIS/HER FLIPL (DD 200, NAVMC 6).

- LAST, FIRST, M INITIAL / RANK
  - EDIPI
  - NATION STOCK NUMBER (NSN)
  - NOMENCLATURE (ITEM)
  - QUANTITY (QTY)
  - **UNIT COST**
- WITHOUT DEPRECIATION**

- The IIF receipt can be provided by the IIF warehouse

OR

- The IIF receipt can be pulled electronically on <https://member.dpas.dod.mil/>

07/14 PRINTED: 11/20/2020 8:30:33 AM

**DEFENSE PROPERTY ACCOUNTABILITY SYSTEM**  
**INDIVIDUAL RETURNABLE ITEMS**

██████████, E4  
EDIPI: ██████████

STOCK NBR (SKO) LN/TAMCN SERIAL NBR	ITEM DESC IDN COND CD SIZE COLOR	ICN ICN BARCODE	CAGE CNTRCT LOT NBR	MFR DT EXP DT	ISSUE QTY COMP OF KIT	UNIT COST EXT COST
8415015549623 C10552F	CAP, COYOTE, MICRO FLEECE S-M A S-M	80000000000000007955 			1 No	\$11.22 \$11.22
8415015553795 C00292F	DRAWERS, GRID FLEECE, FR SM A S	80000000000000007973 			1 No	\$46.15 \$46.15
8465015322302	FIGHTING LOAD CARRIER (COYOTE) A COYOTE	80000000000000005172 			1 No	\$39.09 \$39.09
8465015585167	POUCH, M16-M4 DOUBLE-SINGLE A	80000000000000008958 			3 No	\$15.40 \$46.20
<b>GRAND TOTALS:</b>					Items/Kits: 6 Components: 0	\$142.66
<b>SKO TYPE CODES</b>						
MG	MANAGED					
UM	UNMANAGED					

DW FORM 051, FEB 2016 For Official Use Only PAGE 1  
<https://member.dpas.dod.mil/>

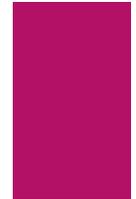
Step 8: Block 9 “Circumstances under which property was...”: What happened to the gear? You can chose to leave the statement already there or give an explanation of your situation. You must leave the statement “ I am volunteering.... I understand my rights”. Unless your believe your not at fault for the gear, in which case contact Supply. (703-784-2664)



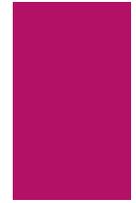
**\*It is expected that all Marines who lose equipment pay for said equipment.**

1. DATE INITIATED (YYYYMMDD)		2. INQUIRY/INVESTIGATION NUMBER M30001-		3. DATE LOSS DISCOVERED (YYYYMMDD)	
4. NATIONAL STOCK NO.	5. ITEM DESCRIPTION See continuation page (If more then 1 item) <input type="button" value="Add More Items"/>	6. QUANTITY	7. UNIT COST	8. TOTAL COST	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary) I lost my gear. I am volunteering to reimburse the government, and I understand my rights.		<input checked="" type="checkbox"/> Lost <input checked="" type="checkbox"/> Organization	<input type="checkbox"/> Damaged <input type="checkbox"/> Installation	<input type="checkbox"/> Destroyed <input type="checkbox"/> OCIE	
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) I will keep better accountability of my gear. <input type="button" value="Add Page"/>					

Step 9: ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORT IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES: What actions will you take to prevent future equipment from going missing?



1. DATE INITIATED (YYYYMMDD)		2. INQUIRY/INVESTIGATION NUMBER M30001-		3. DATE LOSS DISCOVERED (YYYYMMDD)	
4. NATIONAL STOCK NO.	5. ITEM DESCRIPTION See continuation page (If more than 1 item) <input type="button" value="Add More Items"/>	6. QUANTITY	7. UNIT COST	8. TOTAL COST	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary) I lost my gear. I am volunteering to reimburse the government, and I understand my rights.		<input checked="" type="checkbox"/> Lost <input checked="" type="checkbox"/> Organization	<input type="checkbox"/> Damaged <input type="checkbox"/> Installation	<input type="checkbox"/> Destroyed <input type="checkbox"/> OCIE	
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) I will keep better accountability of my gear.					



Step 10: Block 11 Individual Completing blocks 1 – 10:

- a. Organizational Address: Where you work the address. Section, Street, City, State, and Zip code.
- b. Typed name: Rank, Last name, First name, Middle Initial.
- c. DSN Number: Office phone or Personal phone number. We will call you once your FLIPL has been processed.
- d. Signature: Sign (Physically or Digitally)
- e. Date Signed: Date FLIPL is signed by you

11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10		
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)	b. TYPED NAME (Last, First, Middle Initial)	c. DSN NUMBER
	d. SIGNATURE	e. DATE SIGNED
12. (X one) <input type="checkbox"/> RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) <input checked="" type="checkbox"/> REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)		
a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO	b. COMMENTS/RECOMMENDATIONS SNM is voluntarily reimbursing the government. Depreciated value of the items are included in block 7 and 8. It is recommended to hold individual liable with no FLO appointment.	
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) Supply Officer, Headquarters Battalion, TECOM 2006 Hawkins Ave Quantico, VA 22134	d. TYPED NAME (Last, First, Middle Initial) 1stLt King, Nicholas J.	e. DSN NUMBER 784-4716
	f. SIGNATURE	g. DATE SIGNED
13. APPOINTING AUTHORITY		
a. RECOMMENDATION (X one) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	b. COMMENTS/RATIONALE Concur with Supply Officer	c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) Executive Officer, Headquarters Battalion, TECOM 2006 Hawkins Ave Quantico, VA 22134	e. TYPED NAME (Last, First, Middle Initial) Lt.Col Bowers, Michael A.	f. DSN NUMBER 784-2264
	g. SIGNATURE	h. DATE SIGNED

# NAVMC 6



## CASH SALES/REQUEST FOR CHECKAGE FOR GOVERNMENT PROPERTY (7430)

Individuals choosing to voluntarily pay for the loss, damage, destruction, or theft of government property must submit a DD 200 to serve as a property adjustment voucher by the accountable officer who accounts for the lost property. Voluntary payments from active duty and Reserve Marines are processed via a DD 200 **and a NAVMC 6 “Cash Sales/Request for Checkage for Government Property.”**

\*\*Marines are expected to pay for lost items.

\*\*Not choosing to voluntarily reimburse the government for lost items will significantly lengthen the checkout process.

**STEP ONE:** Input Rank / Full Name / EDIPI / MOS in the CHECKEE box.

**Step TWO:** Input the total price in the TOTAL CHECKAGE box. Input cents using "00/100."

**STEP THREE:** Fill in the quantity, stock number, item (Nomenclature), unit cost(depreciated value), and total cost (depreciated value).

**STEP FOUR:** Marine will print, sign and date consenting to the pay checkage.

**STEP FIVE:** Once the Marine has signed the NAVMC 6 and the DD 200, **provide the DD 200 and NAVMC 6 to Supply.**

CASH SALES/REQUEST FOR CHECKAGE FOR GOVERNMENT PROPERTY (7430)

NAVMC 6 (REV. 1-88) (EF)  
(7-88 edition will be used)

CASH SALE       CHECKAGE SALE  
 DAMAGED       DESTROYED

LOST

FROM (Originating Officer) Supply Officer, HQBN		ORGANIZATION HQBN, Supply, MCB Quantico, VA 22134		
TO (Disbursing Officer) MCB Quantico		CHECKEE (Name, Grade, Service Number) RANK / FULL NAME / EDIPI/MOS USMC		
VIA (Commanding Officer) HQBN, MCB Quantico		TOTAL CHECKAGE		
SUPPLY VOUCHER NUMBER:		TOTAL DOLLARS 00/100		
QUANTITY	STOCK NUMBER	ITEM	UNIT COST	TOTAL COST
PRINT/SIGN/DATE: GySgt Amy R. White		It is requested that total checkage indicated be charged against checkee's pay record		
I hereby consent to cash sales/checkage or to pay in the amount indicated above and do so freely after being advised that I may not administratively be required to reimburse the Government for loss, damage or destruction of the Government property listed herein.				
PRINT/SIGN/DATE: RANK / FULL NAME				
FIRST ENDORSEMENT				
FROM (Commanding Officer) Lt.Col Micahael A. Bowers		ORGANIZATION HQBN, MCB Quantico, VA 22134		
TO (Disbursing Officer) MCB Quantico, VA 22134				
DATE		SIGNATURE		
SECOND ENDORSEMENT				
FROM (Commanding Officer) HQBN		ORGANIZATION HQBN, MCB Quantico, VA 22134		
TO (Originating Officer) Supply Officer, HQBN		ORGANIZATION HQBN, MCB Quantico, VA 22134		
The total checkage indicated above has been charged against checkee's pay record.				
VOUCHER NUMBER	PERIOD	SYMBOL	DATE	SIGNATURE

## STEP SIX:

6.A - Supply will route your DD 200 and NAVMC 6 to the CO for endorsement.

6.B - Once the NAVMC 6 is signed and returned back to Supply. Supply will contact the Marine to come pick up a copy of the FLIPL to bring to IPAC to receive a VOUCHER number.

**\*\*If you have less than 30 days until EAS, Terminal leave or Retirement you will take BOTH to IPAC Outbound. If more than 30 days conduct an EPAR via MOL. (For instructions ask SNCO/NCO) (Continue Next Slide)**

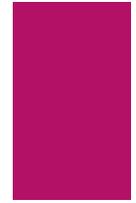


**STEP SEVEN:** IIF submitted via EPAR It is the Marines responsibility to check EPAR within **72** hours to see if the voucher has been processed if it is complete Marine will go to IPAC Customer service section for them to print out NAVMC 6.

**STEP EIGHT:** Immediately following the receipt of the signed NAVMC 6 (with voucher number) form the Marine will then go to the IIF to have the gear removed from his/her IIF inventory and to get his/her check out sheet stamped if Marine is EASing/PCSing/Retiring.

**STEP NINE:** Marine will bring new IIF receipt to supply along with the FLIPL documents with the IPAC voucher number on NAVMC 6. Supply will stamp Marine out once the Marine's check out sheet has both IIF and Armory stamps.





EXAMPLE COMPLETED NAVMC 6 and DD 200



Before

NAVMC 6 (REV. 1-88) (EF)  
(7-68 edition will be used)

- CASH SALE
- CHECKAGE SALE
- LOST
- DAMAGED
- DESTROYED

FROM (Originating Officer)	ORGANIZATION			
Supply Officer, HQBN	HQBN, Supply, TECOM Quantico, VA 22134			
TO (Disbursing Officer)	CHECKEE (Name, Grade, Service Number)			
MCB Quantico	RANK / FULL NAME / EDIPI/MOS USMC			
VIA (Commanding Officer)	TOTAL CHECKAGE			
HQBN, TECOM	TOTAL DOLLARS 00/100			
QUANTITY	STOCK NUMBER	ITEM	UNIT COST	TOTAL COST

After

- CASH SALE
- CHECKAGE SALE
- LOST
- DAMAGED
- DESTROYED

FROM (Originating Officer)	ORGANIZATION
Supply Officer, HQBN	HQBN, Supply, TECOM Quantico, VA 22134
TO (Disbursing Officer)	CHECKEE (Name, Grade, Service Number)
MCB Quantico	LCpl / Carter, James / 103045124/7296 USMC
VIA (Commanding Officer)	TOTAL CHECKAGE
HQBN, TECOM	FOUR DOLLARS 20/100

Input Rank

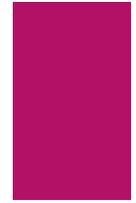
Full Name

EDIPI

MOS

Type in the Total price

Input cents as shown



Fill in the quantity, stock number, item (Nomenclature), unit cost, and total cost. (Circled in red)

\*\*\*The stock number can be found in the IIF receipt or the one on the gear itself.

\*\*\*Use the depreciated value as the unit cost.

FROM (Originating Officer) Supply Officer, HQBN		ORGANIZATION HQBN, Supply, TECOM Quantico, VA 22134		
TO (Disbursing Officer) MCB Quantico		CHECKEE (Name, Grade, Service Number) LCpl / Carter, James / 103045124 / 7296 USMC		
VIA (Commanding Officer) HORN, TECOM		TOTAL CHECKAGE FOUR DOLLARS 20/100		
QUANTITY	STOCK NUMBER	ITEM	UNIT COST	TOTAL COST
1	651050110016	Hand, Mittens	4.20	4.20
SUPPLY VOUCHER NUMBER:			TOTAL	

Fill in the personnel name (Circled in Red) and sign physically or digitally next to it. (Signature box circle in Green)



It is requested that total checkage indicated be charged against checkee's pay record

PRINT/SIGN/DATE:	1stLt Nicholas J. King	
------------------	------------------------	--

I hereby consent to cash sales/checkage of my pay in the amount indicated above and do so freely after being advised that I may not administratively be required to reimburse the Government for loss, damage or destruction of the Government property listed hereon.

PRINT/SIGN/DATE:	LCpl Carter, James	
------------------	--------------------	--

FIRST ENDORSEMENT

FROM (Commanding Officer) LtCol Michael A. Bowers	ORGANIZATION HQBN, TECOM Quantico, VA 22134
TO (Disbursing Officer) MCB Quantico, VA 22134	

1. Approved

DATE	SIGNATURE:
------	------------

SECOND ENDORSEMENT

FROM (Commanding Officer) Col Richard J. Schmidt	ORGANIZATION HQBN, TECOM Quantico, VA 22134
TO (Originating Officer) Supply Officer, HQBN	

The total checkage indicated above has been charged against checkee's pay record.

VOUCHER NUMBER	PERIOD	SYMBOL	DATE	SIGNATURE
----------------	--------	--------	------	-----------