



DEPARTMENT OF THE NAVY
NAVY RECRUITING DISTRICT, PORTLAND
7028 N.E. 79TH COURT
PORTLAND, OREGON 97216-2813

NAVCUITDISTPORTLANDINST 7322.1G
SUPPO
10 Oct 13

NAVCUITDIST PORTLAND INSTRUCTION 7322.1G

Subj: ACCOUNTABILITY OF MINOR PROPERTY (NON-NMCI)

Ref: (a) COMNAVCUITCOMINST 4400.1D
(b) SECNAVINST 7320.10A

Encl: (1) Sample Typical Minor Property List
(2) Minor Property Transfer Memorandum
(3) Financial Liability Investigation of Property Loss
(DD Form 200 (Oct 1999))

1. Purpose. To establish a uniform property management system throughout Navy Recruiting District (NRD) Portland for the accountability, internal control, and adequate safeguarding of minor property in accordance with references (a) and (b).

2. Cancellation. NAVCRUITDISTPORTLANDINST 7322.1F.

3. Discussion. Reference (a) defines minor property as property acquired for immediate use and having a unit cost between \$2,500.00 and \$100,000.00, for items purchased after 1 October 1995 or any property the Commanding Officer deems necessary, including classified, sensitive, and pilferable equipment. Assets acquired prior to 1 October 1995 were previously capitalized at a different threshold (e.g., \$50,000.00, \$25,000.00, \$15,000.00, \$5,000.00) and will continue to be reported at the lower threshold until disposition.

4. Internal Control. By using the following procedures, personnel will contribute to an effective minor property management system. Adequate controls include, but are not limited to, identification, inventory, record maintenance, physical security, reports, custody, and care of minor property. Tags will be affixed with "PROPERTY OF U.S. NAVY", NRD Portland Unit Identification Code (UIC), and a five-digit property control number.

5. Accountability. Enclosure (1) identifies examples of minor property where accounting and inventory is required. The minor property program records assets by one of three categories: equipment, telephone, and ADP non-NMCI equipment. Enclosure (2) records the acquisition and transfer of minor property. At a minimum, the minor property management system shall include:

- a. Item description
- b. Minor property control (tag) number

TYPICAL MINOR PROPERTY

1. Equipment:

Camera
Camera Tripod
Dictation Machine
Engraving Machine
Paper Shredder
Postal Scale
16mm Projector
Overhead Projector
Slide Projector
Typewriter
Tape Recorder
Video Monitor
Video Recorder

2. Telephone Equipment:

5-Line Module
34-Button Deluxe Telephone
Deluxe Alert Chime
3070 Control Unit
Starset Adapter
Hands-Free Speaker
Attendant Console
Feature Module 4

3. ADP Equipment - Non-NMCI:

Computer Modem
Computer Monitor
Computer Software
Printers
Scanners
FAX Machines
LAN Cards
Hubs

NOTE: This is not intended as an all-inclusive list but only an example of items that require minor property control.

MINOR PROPERTY TRANSFER MEMORANDUM
(NOT FOR ADP EQUIPMENT)

DATE: _____

From: _____ Minor Property Responsible Officer
To: Minor Property Administrator

Subj: TRANSFER OF MINOR PROPERTY

1. Transfer custody of the following minor property to
_____ Department/Station.

a. Item Nomenclature: _____

b. Tag Number: _____ c. Serial Number: _____

d. Manufacturer: _____ e. Model Number: _____

f. Quantity: _____ g. Unit Price: _____

Signature of individual releasing custody of above material

2. I acknowledge custody of the Minor Property listed above.

Printed Name: _____ Signature: _____

*****SUPPLY USE ONLY*****

Minor Property Record Update:

Date: _____

By: _____
Print

Signature: _____

Minor Property Responsible Officers shall retain a copy of this transfer document and forward original to the Supply Department. Upon relief of the Minor Property Responsible Officer or Commanding Officer, and semi-annually, there will be a minor property inventory conducted. Copies of all transfers made since the last inventory will be submitted WITH the inventory.

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2775; DoD Directive 7200.11; EO 9397.

ROUTINE USE(S): None.

PRINCIPAL PURPOSE(S): To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.

DISCLOSURE: Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.

1. DATE INITIATED (YYYYMMDD)		2. INQUIRY/INVESTIGATION NUMBER		3. DATE LOSS DISCOVERED (YYYYMMDD)	
4. NATIONAL STOCK NO.	5. ITEM DESCRIPTION			6. QUANTITY	7. UNIT COST
					8. TOTAL COST 0.00
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary)				<input type="checkbox"/> LOST	<input type="checkbox"/> DAMAGED <input type="checkbox"/> DESTROYED

10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary)

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) RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)

a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED (X one)		b. COMMENTS/RECOMMENDATIONS			
<input type="checkbox"/> YES	<input type="checkbox"/> NO				
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		d. TYPED NAME (Last, First, Middle Initial)		e. DSN NUMBER	
		f. SIGNATURE		g. DATE SIGNED	

13. APPOINTING AUTHORITY

a. RECOMMENDATION (X one)		b. COMMENTS/RATIONALE		c. FINANCIAL LIABILITY OFFICER APPOINTED (X one)	
<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE			<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		e. TYPED NAME (Last, First, Middle Initial)		f. DSN NUMBER	
		g. SIGNATURE		h. DATE SIGNED	

14. APPROVING AUTHORITY

a. RECOMMENDATION (X one)		b. COMMENTS/RATIONALE		c. LEGAL REVIEW COMPLETED IF REQUIRED (X one)	
<input type="checkbox"/> APPROVE	<input type="checkbox"/> DISAPPROVE			<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)		e. TYPED NAME (Last, First, Middle Initial)		f. DSN NUMBER	
		g. SIGNATURE		h. DATE SIGNED	

15. FINANCIAL LIABILITY OFFICER

a. FINDINGS AND RECOMMENDATIONS *(Attach additional pages as necessary)*

b. DOLLAR AMOUNT OF LOSS	c. MONTHLY BASIC PAY	d. RECOMMENDED FINANCIAL LIABILITY
e. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	f. TYPED NAME <i>(Last, First, Middle Initial)</i>	g. DSN NUMBER
	h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY <i>(YYYYMMDD)</i>	i. DATE APPOINTED <i>(YYYYMMDD)</i>
	j. SIGNATURE	k. DATE SIGNED

16. INDIVIDUAL CHARGED

a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND *(X one)*

Submit the attached statement of objection. Do not intend to make such a statement.

b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.

c. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	d. TYPED NAME <i>(Last, First, Middle Initial)</i>	e. SOCIAL SECURITY NUMBER
f. DSN NUMBER	g. SIGNATURE	h. DATE SIGNED

17. ACCOUNTABLE OFFICER

a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD

b. ORGANIZATIONAL ADDRESS <i>(Unit Designation, Office Symbol, Base, State/Country, Zip Code)</i>	c. TYPED NAME <i>(Last, First, Middle Initial)</i>	d. DSN NUMBER
	e. SIGNATURE	f. DATE SIGNED

