



The Department of the Treasury
LOCAL, COUNTY, AND STATE LAW ENFORCEMENT AGENCY
REQUEST FOR REIMBURSEMENT OF JOINT OPERATIONS EXPENSES

TO: _____ ATF _____ CUSTOMS _____ IRS _____ SECRET SERVICE

OCDETF CASE _____ YES _____ NO _____

OCDETF CASE # _____

TFF TRACKING NUMBER []

NAME OF AGENCY: _____

TAX ID. NUMBER: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE NO: _____

DATES FOR WHICH THE REIMBURSEMENT IS REQUESTED: FROM: _____ TO: _____

OVERTIME EXPENSES

Table with 5 columns: NAME OF OFFICER, TITLE, HOURS WORKED, HOURLY RATE, TOTAL

TOTAL OVERTIME AMOUNT REQUESTED []

TOTAL NUMBER OF REGULAR HOURS WORKED DURING THIS BILLING PERIOD(S) ON CASES WHICH OVERTIME WAS REQUESTED BY THE OFFICERS LISTED ABOVE. _____ HOURS

OTHER EXPENSES

Table with 2 columns: PURPOSE AND OR TYPE OF EXPENSE, TOTAL

TOTAL OTHER EXPENSE REQUESTED []

TOTAL REIMBURSEMENT REQUESTED []

certify that the information provided above is accurate and represents actual costs incurred by this agency

(Requesting Agency) NAME TITLE SIGNATURE DATE

TREASURY AGENT REVIEW SIGNATURE DATE

EOAF APPROVAL DATE EOAF APPROVAL DATE

NOTE: OCDETF CASES - A COPY OF THIS DOCUMENT SHALL BE SENT TO THE AGENCY CORE CITY COORDINATOR