

**REQUEST TO ESTABLISH REIMBURSEMENT FOR  
LOCAL, COUNTY OR STATE LAW ENFORCEMENT AGENCIES  
PARTICIPATING IN JOINT LAW ENFORCEMENT OPERATIONS  
WITH TREASURY LAW ENFORCEMENT AGENCIES**

TREASURY AGENCY:	OCDETF? YES _____ NO _____ OCDETF CASE NUMBER:	<b>TEOAF TRACKING NUMBER</b> <small>(WILL BE ASSIGNED BY TEOAF)</small>
MAILING ADDRESS:	FOR OVERTIME: ___ YES ___ NO	
CONTACT PERSON:	FOR OTHER: ___ YES ___ NO CONTACT TELEPHONE NUMBER:	
TREASURY AGENCY FIELD OFFICE APPROVAL (NAME & SIGNATURE)	REQUEST DATE:  TREASURY AGENCY HEADQUARTERS APPROVAL (NAME , SIGNATURE & DATE)	



FULL NAME, ADDRESS, TELEPHONE AND TAXPAYER IDENTIFICATION NUMBER OF LOCAL, COUNTY STATE AGENCY	EXPENSES TO BE REIMBURSED	ESTIMATED COSTS
<b>TFF APPROVAL AND DATE</b>		<b>TOTAL ESTIMATED COSTS</b>
ACCOUNTING DATA: <b>BFYS:</b> _____ <b>FUND:</b> _____ <b>BUDPLN:</b> _____ <b>ORG:</b> _____ <b>PROGRAM:</b> _____ <b>OCC:</b> _____		