



RESPONSE TEAM EXPENDITURE REPORT

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION

AGENCY TEAM DEPLOYED	AGENCY ASSISTED
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DATE	LOCATION
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DESCRIPTION OF SERVICES PROVIDED

OVERTIME -- Please attach supporting documentation

DATE	OFFICER	HOUR START	HOUR END	OVERTIME HOURS INCURRED	OVERTIME RATE	REQUESTED REIMBURSEMENT

MILEAGE

DATE	DESCRIPTION OF VEHICLE	CURRENT STATE RATE	X	NUMBER OF MILES	REQUESTED REIMBURSEMENT
			X		
			X		
			X		
			X		
			X		
			X		

**OTHER COSTS -- Please attach supporting documentation for munitions
For food and lodging, please use state rates or actual cost, whichever is less**

DATE	DESCRIPTION	REQUESTED REIMBURSEMENT

TOTAL REIMBURSEMENT REQUESTED (ATTACH PAYROLL REGISTER FOR EACH OFFICER. IDENTIFY SALARY AND FRINGE RELATED TO THIS DEPLOYMENT, ALONG WITH SUPPORTING DOCUMENTATION FOR OTHER COSTS)	
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TEAM LEADER SIGNATURE	DATE
DEPARTMENT HEAD SIGNATURE	DATE
AUTHORIZATION SIGNATURE	DATE