



RESPONSE TEAM EXPENDITURE REPORT

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION

AGENCY TEAM DEPLOYED	AGENCY ASSISTED
----------------------	-----------------

DATE	LOCATION
------	----------

Check Payable To:

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		
			X		

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

DATE	DESCRIPTION	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)

TEAM LEADER SIGNATURE	DATE
DEPARTMENT HEAD SIGNATURE	DATE
AUTHORIZATION SIGNATURE	DATE

OFFICE OF ATTORNEY GENERAL USE ONLY

Amount Approved	Approved by Grants Management
-----------------	-------------------------------

Federal Funds FY

Make Check Payable To:

Coding: