

Crime Stoppers Reimbursement Request 20__-20__
Organization:
Grant No.:
Reimbursement Request/Expenditure Report Summary

Reimbursement From: Through:

Budget Category	Approved Budget	Expenses this Period	OAG Reimbursement Amt Approved	Expenses to Date	% Expenses to Date	Balance of Approved Budget
Rewards and Public Education						
Operating Expenses						
Salaried Employees						
Financial Consequences						
Total						

	Advance Payment Amount	Settlement this Period	OAG Approved Payment Amount	OAG Approved Settlement Amount	Total Settled to Date	% Settled to Date	Advance to be Settled (Balance)
Advance Payment							

Reimbursement Due (Reimbursement Due = Expense This Period Less Settlement This Period)

I certify that the expenditures listed on this invoice have been paid by the Grantee or authorized representative in accordance with the terms and conditions and rule 2A-9.006, F.A.C. I further certify that documentation supporting the expenditures, prescribed by the Department of Legal Affairs, is currently on file at the office of the Grantee and is available upon request by the Department of Legal Affairs or its representative. (NOTE: All unsupported and disallowable items will be removed.)

Signature of Authorizing Official **Authorizing Official Name and Title** **Date**

OAG Comments:

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Signature of Grant Specialist



Grant Specialist Name and Title

Date

Signature of Research & Training Specialist

Research & Training Specialist Name and Title

Date

Signature of Program Administrator

Program Administrator Name and Title

Date

Signature of Bureau Chief

**Bureau Chief Name and Title
Criminal Justice Programs**

Date