

Crime Stoppers Reimbursement Request 20__-20__

Organization:

Grant No.:

OAG Tip Report

Report #	Alternate ID	Date Tip Received	Reason for Reward	Date of Approval or Tipster Call
Date to Bank	Check #, Draft #, Transactions #	Date Debited from Bank	Reward Amount Approved	OAG Approved Amount

Total

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 set forth in the Agreement and Chapter 2-38, FAC. 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

Signature of OAG Staff Member ✓

OAG Staff Member Name and Title

Date