

JUSTIFICATION STATEMENT FOR .0015 CONTINGENCY FUNDS

DATE _____

For use of this form, see AR 195-4; the proponent agency is OPMG.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 USC, Section 3012.

PRINCIPLE PURPOSE: To substantiate individual's claim for reimbursement or expenditure of Limitation .0015 Contingency Funds.

ROUTINE USES: Record is to be maintained to perform complete audit of .0015 fund vouchers including evaluation of each expenditure of .0015 funds.

DISCLOSURE: Disclosure of information requested is voluntary. However, all information must be provided for claimant to receive reimbursement for expenses or claimant will be required to return those government funds previously advanced or expended.

1. I CERTIFY THAT ON _____ A TOTAL OF _____ WAS PAID TO _____
(Date) (Amount) (Name of Payee or Informant Number)

AT _____
(Place of Purchase or Payment)

2. SEQUENCE/ROI NUMBER _____ 3. MPR NUMBER _____ 4. AUTHORITY FOR EXPENDITURE OTHER THAN AR 195-4 _____

.0015 EXPENDITURES

CATEGORY	AMOUNT	CATEGORY	AMOUNT
5	Controlled Substances	11	Covert Facilities
6	Informant Reimbursement	12	Protective Services
7	Informant Bonuses	13	Stolen Property
8	Surveillance Expenditures	14	Blackmarket Activities
9	Transportation	15	Informal Liaison
10	Supplies and Equipment	16	Miscellaneous

17. VENDOR RECEIPTS

RECEIPTS ATTACHED.

RECEIPTS WERE NOT OBTAINED TO PREVENT COMPROMISE OF IDENTITY.

PARTIAL RECEIPTS WERE OBTAINED; OTHERS WERE NOT TO PREVENT COMPROMISE OF IDENTITY; OR THEY WERE NOT PROVIDED.

RECEIPTS WERE NOT PROVIDED.

18. DRUG PURCHASE SUMMARY

NUMBER OF OFFENDERS: _____ OR _____
(Apprehended) (Identified)

AMOUNT OF .0015 FUNDS SEIZED/RECOVERED: _____

STREET VALUE: _____

AMOUNT & TYPE OF DRUGS PURCHASED/SEIZED: _____

19. REMARKS:

NUMBER OF ATTACHMENTS: _____

DRUGS/PROPERTY HELD AS EVIDENCE ON EVIDENCE DOCUMENT NUMBER: _____

FUNDS HELD AS EVIDENCE ON EVIDENCE DOCUMENT NUMBER: _____

FUNDS HELD AS EVIDENCE BY CIVILIAN AUTHORITIES: _____
(Name of Civilian Agency) (Amount)

MPI/MP INFORMANT/SOURCE PAYMENT COORDINATED WITH CID.

RECEIPT FROM INFORMANT/SOURCE ON FILE AT THIS OFFICE.

CERTIFICATE ON FILE IN LIEU OF INFORMANT/SOURCE RECEIPT.

INFORMANT/SOURCE PAYMENT WITNESSED. *(If not, indicate why below.)*

RECEIPT FROM JOINT TEAM MEMBER OF FILE AT THIS OFFICE. *(If not, indicate why below.)*

COMMENTS:

20. TYPED NAME, GRADE AND UNIT ASSIGNMENT OF CLAIMANT
(Identify as Special Agent or MPI)

21. SIGNATURE OF CLAIMANT