

FEDERAL BUREAU OF INVESTIGATION
PAYMENT REQUEST

The collection of information on this form is authorized by 5 U.S.C. 301 (FBI authorized to create and retain agency records) and 28 U.S.C. 530C(b)(4) (FBI authorized to use appropriated funds for conduct of its authorized activities). Your Social Security Number is solicited as authorized by E.O. 9397 (Nov. 30, 1943), as amended by E.O. 13478 (Nov. 18, 2008). The information sought will be used by the FBI to process your request for an advance payment of funds or request for reimbursement for authorized commercial or source-related expenses. Disclosure of the requested information is mandatory; failure to provide the requested information will delay the processing of your request and may result in its denial. This information is maintained in the FBI Central Records System, Justice/FBI-002, a description of which can be found at <https://go.fbinet.fbi/DO/OGC/LTB/PCLU/PrivacyCivil%20Liberties%20Library/Forms/FBI002.aspx>. This information may be disclosed in accordance with the routine uses referenced in this notice.

Cost Code*: Forfeiture or Drug Related*: Overall Classification of Form*:

3540

 Yes No

Unclassified

Program/Subprogram* (if not listed, type the 4-5 digital code):

(RIRI) Violent Crimes Against Children, Violent Crimes Against Children

Need help? Use the ENIGMA tool online to confirm correct P/SP by case classification.

INFORMATION ABOUT THE REQUESTING EMPLOYEE

Official Bureau Name*: (Last, First, Middle Initial)

UEID*:

Date of Request*:

[REDACTED]

W

[REDACTED]

10/07/21

Division:

Section/RA:

Unit/Squad:

New York

NYO HQ City

C-20

Telephone Number: (include area code)

Case Number*:

[REDACTED]

50D-NY-3027571

Was/will the expense be paid by an alternate employee?

 Yes No

Is this a one time non-symbol source payment*?

 Yes No

If an expense was already incurred, was it paid with personal funds?

If yes, please select your preferred method of reimbursement:

 Yes No

Justification*:

This request is for the reimbursement of expenses incurred by the case team through the purchase of meals for a trial witnesses on 06/23/21.

To be completed by FINANCE OFFICE ONLY.

Fund:	Organization Level 2:	Program:	Sub Program:	SOC:	Sub SOC:	Description*:	Amount*:
						Investigative Expense	
Total Request:							

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To be completed by FINANCE OFFICE ONLY.

BBFY:	EBFY:	Project:	User Dimension 4:	User Dimension 5:

FEDERAL BUREAU OF INVESTIGATION
PAYMENT REQUEST

APPROVAL

HQ Only

Signature / Date

Requestor Supervisor:Next Level Supervisor:

Field Only

Supervisor Initials:SAC/ASAC/AO/SAS:*Digitally Approved via Sentinel*Procurement Authority:FINANCE OFFICE ONLY
SETTLEMENT OF ADVANCE

	Creator	FOS Approver	
Document Number:	Date:	Initials:	Date:
Commitment:			
Obligation:			
Advance:			
Expense:			
Cash Receipt:			
Cash Receipt - OTCnet (CRO):			
OTCnet Deposit Ticket #:			