

**FLORIDA CRIME STOPPERS TRUST FUND  
REIMBURSEMENT REQUEST / EXPENDITURE REPORT**

**Grant Number:** \_\_\_\_\_ **Reimbursement From:** \_\_\_\_\_ **Through:** \_\_\_\_\_  
(mo/day/yr) (mo/day/yr)

**Agency Name:** \_\_\_\_\_ **FINAL**  (check if final report)

Budget Categories	Approved Budget	Expense This Period	Expense To Date	% Expense To Date	Balance of Approved Budget
Rewards and Public Education	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00
Operating Expenses	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00
Salaried Employees	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00
<b>TOTAL</b>	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00

<small>Advance Payment must be fully repaid on or before June 30.</small>	Advance Payment Amount	Settlement This Period	Total Settled To Date	% Settled To Date	Advance To Be Settled (Balance)
ADVANCE PAYMENT	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00
<b>REIMBURSEMENT DUE</b>		\$0.00	(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, Grantee or Authorized Representative      Typed Name of Grantee      Date      Telephone Number

\_\_\_\_\_  
 Approved, Grants Specialist IV      Approved, Research & Training Specialist (QC)      Date      Amount Approved  
 Florida Crime Stoppers Trust Fund      Florida Crime Stoppers Trust Fund      Department of Legal Affairs

\_\_\_\_\_  
 Approved, Program Administrator      Date      Approved, Bureau Chief      Date  
 Florida Crime Stoppers Trust Fund      Criminal Justice Programs

**Must be postmarked on or before the 20th following the end of each month. Submit to: Office of the Attorney General, Crime Stoppers, The Capitol, Room PL-01, Tallahassee, FL 32399**  
**Must include all 3 Invoice Tracking Forms, copies of all invoices or receipts, and if applicable, Property Inventory Report, Salary/Benefits Report and Travel Vouchers.**