FLORIDA CRIME STOPPERS TRUST FUND ADVANCE PAYMENT REQUEST INVOICE

Grant Number:		Grant Year:		Through	
Agency Name:					
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
TOTAL	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00
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Advance Payment must be fully repaid on or before June 30.	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		
	REIMBURSEMENT DUE	\$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 Florida Crime Stoppers Trust Fund		Approved Research & Training Specialist (QC) Florida Crime Stoppers Trust Fund		Date	Amount Approved Department of Legal A	Amount Approved Department of Legal Affairs	
Approved, Program Administrator Florida Crime Stoppers Trust Fund	Date	-	Approved, Bureau Chief Criminal Justice Programs		Date		

CSA-3 - Florida Crime Stoppers Trust Fund Advance Payment Request Invoice - Revised (08/2015) Rule 2A-9.006(8)(a), Florida Administrative Code