3-05/050.15 - Instructions for Completing the Special Appropriation Expense Claim (SH-AD-103)

NOTE: Claims shall be totally itemized and either typed or in ink.

Bureau

The name of the Bureau.

Unit

The name of the Unit, Team, or Detail.

Date

The date of this claim.

Control Number

To be used only for the Bureau's claims (e.g., two digits for the year, the month and the week or claim sequence).

Total This Claim

Total amounts.

Received by (Signature)

To be signed by the person receiving the money.

Bureau Claim/Unit Claim/Individual Claim

Check the appropriate box.

Approved by (Signature)

Individual claims shall be signed by the immediate supervisor; Unit/Team/Detail claims should be signed by the supervisor of the immediate supervisor; Bureau claims should be signed by the Unit Commander.

URN

Use only if all the expenses belong to one case, otherwise leave blank.

Date(s)

The date of each expense, which should correspond to the supporting documents (e.g., receipts, notes and explanation memos).

Claimant

When the “Individual” claim box is checked, the investigator shall write his full name and employee number. When the “Unit” or the “Bureau” claim boxes are checked, this field should list the name of the individuals, Teams, Units or Details.

Receipt Signature/Itemization

List all the expenses as described in section 3-05/050.10.

Amount

Money spent on the itemized expenses, or the amount of each individual, Team, Unit, or Detail claim.

Case/Control No.

Post the URN number(s). If expenses were incurred on an investigation that does not have a URN number, indicate the reason.