Print Form

Financial Investigations Branch
Computer and Financial Investigations Division
Federal Law Enforcement Training Center
Department of Homeland Security

Training Those Who Protect Our Homeland

Export Training Financial Reimbursement

Select Program Name from Drop-Down Menu

Course Number

Program Name Advanced Asset Forfeiture Training Program

Program Dates

Training Location

Student Name

(Last Name, First Name, MI)

Male
Female

Agency Type: Federal State Local Other

Financial Reimbursement

The (Department/Agency) agrees to reimburse the FLETC for the actual cost of training services provided, not to exceed the highest amount of the range projected for this particular program. Call (912) 267-3166 for the projected cost if necessary. Actual tuition may be less, depending on number of students registered and adjustments to total cost of training presentation. The FLETC will bill for cost of this training during the month after the program is completed. The Agency may be billed for thecost of theprogram if the student slot is canceled within 10 days of the program start. I certify that I am authoriized to approve thisobligationof funds by my agency

Authorized Financial Officer/Purchaser Signature:

Form will not be processed without signature _____

Please provide the following information:

Financial Contact Person

Department/Agency Name

Department Address:

Mailing Address

P.O. Box

Suite

City

State

ZIP Code

Email

Office Phone

Office Fax

Federal ID Number

Credit Card Number If Applicable

Expiration Date

Credit Card: *Authorized purchasers will be notified prior to charges assessed to the credit card. An invoice can be provided upon request.*

Office of Inspector General Participants: *Please note that the IG Academy does not fund slots for FLETC Center Advanced Training Programs. Funding must be established directly between FLETC and the IG Agency.*

Interagency Agreement or Other Funding Arrangement: *If payment is by Interagency Agreement, MOU, or other budgetary mechanism established by and between your agency and FLETC/Budget, please provide the agreement number.*

Agreement Number

Privacy Act Information:

Authority: Title 42, U.S.C. 4742; Title 5, U.S.C. 552; F.R.16586 (March 12, 1981).

Purpose: Obtaining information from individuals applying for enrollment to a FLETC training program; used for student registration and program administration purposes.

Uses: Disclosure upon request to individual, the individual's parent agency, to any other individual or agency at the request of the applicant, to the student locator, mailroom, registration office, training and research officials, and other government officials on a need-to-know basis

Effect of Nondisclosure: Supplying the information is voluntary and is not required by law. Disclosure of your Social Security Number, which is solicited under authority of E.O. 9397, is voluntary and no right, benefit, or privilege by law will be denied as a refusal to disclose it. However, failure to provide all or any part of the information solicited may result in the applicant not being registered for the requested training program.

RETURN THIS FORM BY FAX TO: (912) 267-2500

Financial Investigation Branch, CFI, FLETC, 1131 Chapel Crossing Road, Bldg. 210, Glynco, GA 31524

Phone: (912) 267-3166 FAX: (912) 267-2500

This Form Cannot Be Filed Electronically

An actual signature of official authorized to commit funds is required.

This form is for export programs only.It is not to be used for programs at the Glynco, Charleston, Cheltenham or Artesia Campuses.