## DEPARTMENT OF HOMELAND SECURITY Federal Law Enforcement Training Centers Foreign National Financial Reimbursement Information

1. Applicant Information												
	Last:											
	First:											
Middle:												
Course Number:												
Course Dates: Beginning Date:   DO NOT SUBMIT PAYMENT WITH THIS REQUEST FORM.												
A confirmation letter with details of the training will be provided to the applicant upon confirmation of availability of the seat in the course. Applicants are to make travel arrangements only after their requested seat in the course has been confirmed. A request for payment for the actual cost of the training will be issued after the program is completed.												
2. Financial Reimbursement Information THIS BLOCK TO BE COMPLETED BY STUDENT OR STUDENT'S AGENCY IF PAYMENT IS NOT BEING FUNDED BY A U.S. GOVERMENT AGENCY												
Card Holder's Name as it appears on the Credit Card:												
Street Address:					City:			State:		Zip Code:		
Card Holder's Telephone Number: (include country/city codes)												
Card Type:	MASTERCARD VISA A					MERICAN	RICAN EXPRESS					
16-Digit Credit Card Number:												
3-Digit Security Code: (on back of credit card)						Card Expiration Date: (MM/YYYY)						
AUTHORIZING SIGNATURE OF CREDIT CARD HOLDER:												
Note: Unsigned forms will not be processed     3. Financial Reimbursement Information												
THIS BLOCK TO BE COMPLETED BY SPONSORING AGENCY/FMO/FUNDS CONTROL OFFICER IF FUNDED BY U.S. GOVERNMENT AGENCY BY FISCAL DATA												
	Agency Location Code (ALC)											
U.S. Federal Agency Information	Agency Accounting Data											
	Treasury Account Symbol											
	Tax Identification Number											
	Obligating Number											
Reimbursing Program or Organization Name:												
Reimbursing Program or	Street Add	dress:										
Organization Address:	City:						State:		Zip	p Code:		
Telephone Number: (Country Code); (City Code)							Title:					
Name of Person Authorizing Payment:					Email:							
AUTHORIZING SIGNATURE: Note: Unsigned forms will not be processed												
RETURN COMPLETED FORMS TO: DHS FLETC International Training Division Federal Law Enforcement Training Center 1131 Chapel Crossing Road Townhouse 393 Glynco, Georgia 31524 FLETC-Intlrqst@fletc.dhs.gov												

FLETC Form-121-00-03 (4/21)