

**U.S. Department of Justice** Request for [REDACTED] (Authorization, Washington, D.C. 20530 Purchase Order, Receiving Report)

This form shall only be used when requesting [REDACTED] of individuals and partnerships of five or fewer individuals.

1 Purchase Order Number/DCN#: <b>11011-1960</b>	2 Date Order Prepared: <b>08/02/2006</b>	3 Case Number: (Optional) <b>FGJ 05-02(WPB) NO.051-01 (OLY-01)</b>
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**Section A - Authorization and Purchase Order**

4 Names and Address of [REDACTED]: Attn.: [REDACTED], Research Dept.  
[REDACTED], Hoover, AL 35243 [REDACTED]

5 Deliver To: <b>Special Agent [REDACTED], Federal Bureau of Investigation, [REDACTED], Florida 33401, Tel: [REDACTED]</b>	6 Return Date <b>08/18/2006</b>
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7 Remarks: FOR REIMBURSEMENT PLEASE RETURN THIS FORM, THE RECORD OF SERVICES, AND A COPY OF THE SUBPOENA .

8 Name of Requestor: (Type or Print) [REDACTED], AUSA	9 Telephone Number: [REDACTED]	10 Date of request: <b>08/02/2006</b>
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**Section B - [REDACTED] Invoice**

No Payment Shall Be Made Unless Expenses Are Itemized Below Or On Your Form To Be Attached.

11 Service [REDACTED] Provided:	Quantity	Unit Price		Amount
		Cost	Per	
Please note that reimbursement cannot be made for the records pertaining to corporations or large partnerships of six or more. IMPORTANT: The DCIA Mandates the use of EFT/DD. In order to receive payment complete the attached EFT enrollment Form.		0.25	Copy	
		11.00	Hour Clerical Tech	
		17.00	Hour Manager or Supervisor	

**Do not proceed with compliance** : If cost will exceed \$300 without prior approval of Assistant U.S. Attorney/Budget Officer.

**PLEASE REFERENCE THE ABOVE DCN# ON YOUR INVOICE FOR PAYMENT.**

12a Signature of [REDACTED] Official:	12b Phone of [REDACTED] Official:	13 Date Signed:	Total Amount Claimed By [REDACTED]
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**Section C - Receiving Report**

14 I certify that the articles and services listed were received:	15 Date Received:	16 Disallowance (See Attached)	17 Net to [REDACTED] [REDACTED]
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18 Right to Financial Privacy Act - Public Law 95-630  
(12 U.S.C. 3401-3422) Request Pursuant To: (Check One Only) OBJECT

**SECTION CLASS**

- T1** 3404 Customer Authorization 2540
- T2** 3405 Administrative Subpoena or Summons 2541
- T3** 3406 Search Warrant 2540
- T4** 3407 Judicial Subpoena 2540
- T5** 3408 Formal Written Request 2540
- T6** 3413 1 Grand Jury Subpoena 2545
- T7** 3414 Special Procedures 2540

19 Signature of Approval Official:  
20 Accounting Classification Code  
FY FC 1 2 3 4 5 PROJ

21 Schedule and Voucher Number:  
DC#

22 Remarks:  
**T8** Funds Available

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GENERAL

This is a multi-purpose form designed to serve as an Authorization, Purchase Order, Itemized Invoice, receiving Report and Payment voucher in conjunction with "requests for [REDACTED]," pursuant to the Right to Financial Privacy Act of 1978, P.L. 95-630, Title XL, 12 U.S.C. 3415.

NOTE:

Payments under this purchase order will be due on the 30<sup>th</sup> calendar day after the date of actual receipt of a proper invoice in the office designated to receive the invoice.

The Prompt Payment Act, Public Law 97-177, 96 Stat. 85 (31 U.S.C. 180), is applicable to payments under this purchase order and requires the payment to contractors of interest or overdue payments and improperly taken discounts. Determination of interest due will be made in accordance with the provision of the Prompt Payment Act and the Office of Management and Budget Circular A-125.

PREPARATION INSTRUCTIONS

ITEM 1 - A Purchase Order Number will be preprinted on each form. This number will be used for reference purposes on any correspondence relating to this specific request for [REDACTED].

ITEM 2 - Self explanatory.

ITEM 3 - This block may be used to identify the specific case for which the [REDACTED] is required. This block may be left blank.

SECTION A - AUTHORIZATION AND PURCHASE ORDER (To be completed by the requesting official).

ITEM 4 - Enter the name and mailing address of the [REDACTED] being requested to furnish [REDACTED].

ITEM 5 - Enter the and address to which the [REDACTED] is to be sent by the [REDACTED]. This will normally be the name and the address of the requesting official.

ITEM 6 - Enter the date the [REDACTED] is required.

ITEM 7 - Include, if appropriate, any pertinent information related to the purchase order not provided for elsewhere on the form.

ITEM 8, 9 and 10 - Self-explanatory.

SECTION B - [REDACTED] INVOICE (To be completed by the [REDACTED]).

ITEM 11 - Self-explanatory. Completion of this block constitutes an itemized bill or invoice for reimbursement for the costs incurred in providing the information requested. The DCIA Mandates the use of EFT/DD. In order to receive payment complete the attached EFT enrollment Form.

ITEM 12 and 13 - Self-explanatory.

SECTION C - RECEIVING REPORT (To be completed by the requesting official, when the requested [REDACTED] has been delivered).

ITEM 14 and 15 - Self-explanatory.

ITEM 16 - This block should be used to reflect any differences between the amount claimed by the [REDACTED] and the correct amount to be reimbursed. Differences may result from computation errors, or failure of the [REDACTED] to deliver information requested.

ITEM 17 - Enter the amount certified to be proper for payment.

ITEM 18 - Check the box which identifies the appropriate procedure authorized by the Act, which necessitates the request for [REDACTED].

ITEM 19 and 20 - These blocks must be signed and dated by an official of the organization whose funds will be charged. His or her signature constitutes a statement that the records to which the invoice refers were required for official business and were provided by the [REDACTED] in accordance with the ordering instrument.

ITEM 21 - The Schedule and Voucher Number will be entered by the office which actually schedules the approved amount for payment by the Treasury Department.

ITEM 22 - Enter, if appropriate, any data not provided for elsewhere on the receiving report, such as, reasons for any claim amounts disallowed.

**VENDOR ELECTRONIC FUNDS TRANSFER (EFT)  
ENROLLMENT FORM**

*Please comply to this information if you have not done so already*

**PAYEE/COMPANY INFORMATION:**

Vendor Company Name:
Address:
Taxpayer ID Number
Contact Person Name
Telephone Number

E-mail Address (If you would like to be notified via e-mail)

**INFORMATION:**

Bank Name

Bank Address

Bank Phone Number

Nine Digit ABA Routing Transit Number

Type of Account (Checking or Saving)

Depositor Account Number

Signature of Vendor's Authorizing Official

Name & Title of Authorizing Official

Please Return or Fax to:

U.S. Attorney's Office  
Southern District of Florida

[Redacted]

[Redacted]

Attention: [Redacted]

Fax Number: [Redacted]

The Debt Collection Improvement Act of 1996 requires that payments made by the Federal government, including vendor payments, must be made by electronic funds transfer (EFT). A benefit of receiving payments by EFT is that your funds are directly deposited to your account at a [Redacted] and are available to you on the date of payment.

If you have questions regarding the delivery of the remittance information, please contact the [Redacted] where your account is held.

If you have any questions on the completion of this form, please contact [Redacted], at [Redacted].

**TEXT BOXES**

[T1](#)

[T2](#)

[T3](#)

[T4](#)

[T5](#)

[T6](#)

[T7](#)

[T8](#)

T9 Date

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T10

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T11 Budget Officer

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T12

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