FD-794b	T		FF	DERAL RI	UREAU O	F INVESTIGATIO	Ň	***************************************	
Revised (03/30/2013	)	PAYMENT REQUEST							
			<del></del>		DRAFT TYP	E			
Request	Туре:			Payment	Type: Conf	idential Forfe	iture or Orug Rela	ated: No	
		11	IFORM.	ATION ABOL	JT THE REC	UESTING EMPLOYE	<b>5</b>		
Official Bureau Name				Social		Security Number	Date of Request		
Riley, Tracey								08/05/2011 Telephone Number	
Field Office Louisville				Squad X		Cost Center 3420	Telephone	Number	
			INFO	Coord and Mountainers	OUT THE P	EQUESTED PAYEE			
***************************************	***************************************	Payee Nam		(MI) (I) (I) (A)		Social Security or	Taynayar ID Num	hor	
		Riley Trace	******			outles security of	raxpayer to trum	1041	
this a one-t	ime non	symbol sou	rce payı	ment?	No				
Source Nun	nber	Serial No	unber	Paym	ent Name	Date of Approved	Period	Period	
		<u> </u>				Waiver Request	Covered From	Covered To	
Burghle					rghley		10/01/2010	09/30/2011	
inancial Ju	stificati	on:							
			DE	INRA 2 HAT	IT THE DEC	NIESTEN NRAET			
iscal Year	soc	Incurred			•	UESTED DRAFT	am/Subprogram	Amosint	
iscal Year	soc	Incurred Agent or	by	TAILS ABOL Catalog	JT THE REC	Cornucopia Progr	am/Subprogram	Amount	
iscal Year	SOC	Agent or	hy CHS		File No.	Cornucopia Progr	am/Subprogram		
iscal Year	soc		hy CHS		•	Cornucopia Progr ution: Services	am/Subprogram	\$500.00	
iscal Year	SOC	Agent or	hy CHS		File No.	Cornucopia Progr ition: Services Total For	am/Subprogram	\$500.00 \$500.00	
iscal Year	SOC	Agent or	hy CHS	Catalog	File No.	Cornucopia Progr ition: Services Total For Total	am/Subprogram	\$500.00	
		Agent or CHS Exp	hy CHS	Catalog OBLIG	Pile No.  Descrip	Cornucopia Progr stion: Services Total For Total		\$500.00 \$500.00 \$500.00	
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Signature of Cashier

APPROVAL Name

Dallas, Mark J

**Document Number** 

**Draft Number** 

Approved By SSA:

Certified by ASAC:

Draft Approval Officer

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Date

Date/Time

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