

<b>FD-794b</b> Revised (03/30/2013)	<b>FEDERAL BUREAU OF INVESTIGATION</b> <b>PAYMENT REQUEST</b>
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**DRAFT TYPE**

Request Type: \_\_\_\_\_ Payment Type: Confidential Forfeiture or Drug Related: No

**INFORMATION ABOUT THE REQUESTING EMPLOYEE**

Official Bureau Name		Social Security Number	Date of Request
Riley, Tracy		[Redacted]	08/05/2011
Field Office	Squad	Cost Center	Telephone Number
Louisville	X	3420	[Redacted]

b6 -1  
b7C -1

**INFORMATION ABOUT THE REQUESTED PAYEE**

Payee Name	Social Security or Taxpayer ID Number
Riley, Tracy	[Redacted]

b6 -1  
b7C -1  
b7D -2, 3

Is this a one-time non-symbol source payment? No

Source Number	Serial Number	Payment Name	Date of Approved Waiver Request	Period Covered From	Period Covered To
[Redacted]	[Redacted]	Burghley		10/01/2010	09/30/2011

Financial Justification: \_\_\_\_\_

**DETAILS ABOUT THE REQUESTED DRAFT**

Fiscal Year	SOC	Incurred by Agent or CHS	Catalog	File No.	Cornucopia Program/Subprogram	Amount
				[Redacted]		
		CHS Expense		Description:	Services	\$500.00
				Total For	[Redacted]	\$500.00
				Total		\$500.00

b7E -1

**OBLIGATION PROCESSING**

Vendor Number	Group Number	Obligation Number	Follow up Date
Document Number		Payment Reference Number	

Signature of Cashier: \_\_\_\_\_ Date: \_\_\_\_\_

**SETTLEMENT OF ADVANCE**

Prior Month Advance Balance: \_\_\_\_\_  
 This Advance: \_\_\_\_\_  
 Less Receipts: \_\_\_\_\_  
 Funds Returned and/or Cash on Hand: \_\_\_\_\_  
 Amount to be Reimbursed: \_\_\_\_\_

**EXPENSE PROCESSING**

Document Number	Draft Number	Signature of Cashier	Date

**APPROVAL**

	Name	Date/Time
Approved By SSA:	Dallas, Mark J	8/29/2011 10:23:25 AM
Certified by ASAC:	[Redacted]	9/1/2011 2:39:23 PM
Draft Approval Officer:		

b6 -1  
b7C -1