

Department of Homeland Security
Transportation Security Administration

LEO Reimbursement Request-Invoice

INSTRUCTIONS: This form is to be submitted monthly by participants of the Law Enforcement Officer (LEO) Reimbursement Program (LRP). An invoice is required for each Period of Performance for which payment is sought. All submissions must be accompanied by supporting documentation demonstrating actual cost/outlay for services provided (e.g., payroll report, ledger, etc.). The completion of Section VI and/or the submission of checkpoint logs, timesheets, etc. are not a substitute for documentation of actual cost. Completion of all fields is required. LEO Reimbursement Program Invoices must be submitted to the local TSA Federal Security Director (FSD) for signature. FSD's must forward approved invoices to the LRP office for final certification and payment. FSD Certified Invoices shall be emailed or faxed as follows: Eastern Regions 1&2 (lrp-efax-east@tsa.dhs.gov or 703-603-3007; Central Regions 3&4 (lrp-efax-central@tsa.dhs.gov or 703-603-3010); Western Regions 5&6 (lrp-efax-west@tsa.dhs.gov or 703-603-3009).
NOTE: Completed LEO Reimbursement Request-Invoices must be stored in locked filing cabinets.

SECTION I. INVOICE INFORMATION

Other Transaction Agreement Number:		Invoice Date:	
Airport Name:		Airport Code:	
DUNS Number:	Cage Code:	Invoice Number:	
TINS Number:		<input type="checkbox"/> Close-Out	<input type="checkbox"/> Final Invoice <small>(invoice number.)</small>

SECTION II. INVOICING POINT OF CONTACT INFORMATION

Name:			
Address:			
<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Phone No.:	Fax No.:	Email:	

SECTION III. SERVICE INFORMATION

Period of Performance: From(mm/dd/yy):		To(mm/dd/yy):	
Description of Services Provided: Checkpoint Coverage			
Total No. of LEO Hours Billed:	Hourly Rate:	Total Reimbursement Request:	\$ -
	<small>Rate per Agreement or Actual (whichever is less).</small>		
Actual Hourly Rate:		Actual Cost of LEO Coverage for Performance Period Submitted:	

SECTION IV. BANKING INFORMATION

Routing Transit No.:	Type of Account: <input type="checkbox"/> Check <input type="checkbox"/> Savings <input type="checkbox"/> Change of Account
Depositor Account No.:	
<small>Please update all banking information through the System for Award Management/SAM (https://www.sam.gov/portal/public/SAM). If you experience any issues you may contact the U.S. Coast Guard Finance Center/FINCEN at 866/606-8220 or 757/523-6920 for assistance with the SAMS system and for payment inquiries. Payment status may also be obtained online at https://www.fincen.uscg.mil/secure/HS_PayHist/PH_menu_TSA.htm Our office does not distribute the reimbursable payments directly.</small>	

SECTION V. CERTIFICATIONS

I certify that the information provided is true and accurate based on the actual hours performed at the TSA Security Checkpoint(s) and at the hourly rate(s) billed. All information provided is for on-site law enforcement coverage provided to the above mentioned airport in accordance the terms and conditions of the LEO Agreement. I understand that audits may be performed on an unscheduled basis within any given performance period.

REQUESTOR'S AUTHORIZED REPRESENTATIVE

Name: <small>(Printed)</small>	Contact No.:
Signature:	Date:

SECTION VI. CHECKPOINT LOG - WORKSHEET

AIRPORT CODE:

DATE	ACTIVITY (Checkpoint Coverage, Perimeter, etc.)	TOTAL HOURS	BASE HOURLY RATE	FRINGE RATE	TOTAL
1					\$ -
2					\$ -
3					\$ -
4					\$ -
5					\$ -
6					\$ -
7					\$ -
8					\$ -
9					\$ -
10					\$ -
11					\$ -
12					\$ -
13					\$ -
14					\$ -
15					\$ -
16					\$ -
17					\$ -
18					\$ -
19					\$ -
20					\$ -
21					\$ -
22					\$ -
23					\$ -
24					\$ -
25					\$ -
26					\$ -
27					\$ -
28					\$ -
29					\$ -
30					\$ -
31					\$ -
		0:00	\$ -	\$ -	\$ -

Please indicate which benefits are included in your average fringe rate. Please also give the percentage or dollar amount for each benefit used.

Fringe Benefits Included:	Yes	No
Social Security		
Retirement		
Disability Insurance		
Workers Compensation		
Healthcare Insurance		
Pension		
Life Insurance		

Fringe Benefits are an added _____ % on top of the base salary.

SECTION VII. - REIMBURSEMENT REQUEST

PROGRAM FUNCTION/ACTIVITIES	Amount
Programs Outlays to Date	
Federal Share Amount	
Non-Federal Share Amount	
Federal Payments Received To Date	
Federal Share Now Requesting	