OMB Control Number: 1652-0063
Expiration Date: 12/31/2018

DEPARTMENT OF HOMELAND SECURITY Transportation Security Administration

			LEO RE	EIMBURSE		QUEST	INVOICE			
INSTRUCTIONS: This form Period of Performance for w (e.g. payroll report, ledger, e Completion of all fields is rea approved invoices to the LR east@tsa.dhs.gov or 703-60 NOTE: Completed LEO Re	hich payment etc.). The com quired. LEO F P office for fir 03-3007; Cent	t is sought. A pletion of Sec Reimbursemen nal certification tral Regions 3	II submissions ction VI and/or nt Program Inv n and paymen &4 (Irp-efax-c	the submissio voices must be t. FSD Certific entral@tsa.dhs	mpanied by s on of checkpoi submitted to ed Invoices sh s.gov) or (703	upporting do nt logs, time the local TS all be emaile -603-3010);	cumentation der sheets, etc. are A Federal Secur ed or faxed as fo Western Region	nonstrating actual cost/ou not a substitute for docum ity Director (FSD) for sign Illows: Eastern Regions 1 s 5&6 (Irp-efax-west@tsa	tlay for servic lentation of a ature. FSD's &2 (Irp-efax- .dhs.gov or 7	es provided ctual cost. must forward 03-603-3009).
SECTION I. Invoice Inform	ation									
Other Transaction Agreem	nent Number	:			Invoice Date	9:				
Airport Name:					Airport Cod	e:				
DUNS Number:			Cage Code:		Invoice Nun					
TINS Number:					(E ' '			e number)		
SECTION II. Invoicing Poi	nt of Contac	t Information	า			e-Out	□ ^{Final} Invoice			
Name:							involce			
Address:										
Address.	Street		i	Cit	ty	5	State	Ziµ	Code	
Phone No.:			Fax No.:				Email:			
SECTION III. Service Infor	mation		Fax NO				Eman.			
Period of Performance - Fl	ROM (<i>mm/da</i>	////////				TO (mm	n/dd/yyyy):			
Description of Services Pr	•		verage				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Total No. of LEO Hours Bi	lled:	0.00	Agreement of (whichever i	Rate per r Actual Rate	\$	20.00	Total Reim	bursement Request:	\$	-
Actual Hourly Rate:		\$	-	Ad	ctual Cost of	LEO Cover	age for Perforn	nance Period Submitted	: \$	-
SECTION IV. Banking Info	ormation									
Routing Transit No.:								Type of Accou	nt:	
Depositor Account No.:									Change of Account	
Please update all banking in the U.S. Coast Guard Finan obtained online at https://w does not distribute the reimb	ce Center/FIN ww.fincen.us	ICEN at 866/0 scg.mil/secu	606-8220 or 7 re/HS_PayHis	57/523-6920 fc	or assistance		v/portal/public/S	AM/). If you experience a	ny issues you	may contact
SECTION V. Certifications	6									
I certify that the information provided is for on-site law er may be performed on an un	nforcement co	overage provid	ded to the abo	ve mentioned						
Requestor's Authorized R	epresentativ	e								
Name (printed):							Contact No.:			
Signature:							Date:			
FSD of FSD Designee:										
Name (printed):							Contact No.:			
Signature:							Date:			

Previous editions of this form are obsolete.

rport Code:										
Date	Activity	Total H	I Hours Base Hourly Rate			Fringe	Rate	Total		
1	Checkpoint Coverage							\$		
2	Checkpoint Coverage							\$		
3	Checkpoint Coverage							\$		
4	Checkpoint Coverage							\$		
5	Checkpoint Coverage							\$		
6	Checkpoint Coverage							\$	-	
7	Checkpoint Coverage							\$		
8	Checkpoint Coverage							\$		
9	Checkpoint Coverage							\$		
10	Checkpoint Coverage							\$		
11	Checkpoint Coverage							\$		
12	Checkpoint Coverage							\$		
13	Checkpoint Coverage							\$		
14	Checkpoint Coverage							\$		
15	Checkpoint Coverage							\$		
16	Checkpoint Coverage							\$		
17	Checkpoint Coverage							\$		
18	Checkpoint Coverage							\$		
19	Checkpoint Coverage							\$		
20	Checkpoint Coverage							\$		
20	Checkpoint Coverage							\$		
22	Checkpoint Coverage							\$		
	Checkpoint Coverage									
23	Checkpoint Coverage							\$		
24	Checkpoint Coverage							\$		
25								\$		
26	Checkpoint Coverage							\$		
27	Checkpoint Coverage							\$		
28	Checkpoint Coverage						:	\$		
29	Checkpoint Coverage							\$		
30	Checkpoint Coverage							\$		
31								\$		
ease indicate which h	enefits are included in your avera	0.00 ne fringe rate		\$	- s		- r each henel	\$		
inge Benefits Includ		,		Yes				No		
ocial Security										
etirement										
sability Insurance										
orkers Compensation										
ealthcare Insurance										
ension										
e Insurance										
nis field will be automa	tically generated after you enter h	ours and pay	into the lar	ge table above.						
ECTION VII. Reimbur	sement Request			-						
ogram Functions/Ac					1			Amount		
ograms Outlays to Da										
ederal Share Amount										
Non-Federal Share Amount										
denel Decimente Dece	eived To Date									
deral Payments Rece										

PAPERWORK REDUCTION ACT STATEMENT: Through this information collection, TSA is gathering information involving the reimbursement of expenses incurred by airport operators for the provision of law enforcement officers (LEOs) to support airport checkpoint screening. The public burden for this collection of information is estimated to be one hour. This is a voluntary collection of information. If you have any comments on the LEO Reimbursement form, you may contact the TSA PRA Officer, 601 S. 12th Street, TSA-901, Arlington, VA 20598-6901-4220. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection is 1652-0063 which expires on 12/31/2018.