#VALUE!

Expiration Date: xx/xx/xxxx

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 as follows: Eastern Regions 1&2 (lrp-efax-east@tsa.dhs.gov); Central Regions 3&4 (lrp-efax-central@tsa.dhs.gov); Western Regions 5&6 (lrp-efax-west@tsa.dhs.gov).
NOTE: Completed LEO Reimbursement Request-Invoices must be stored in locked filing cabinets. Completed forms shall be stored in accordance with TSA File Code 2800.15.

SECTION I. Invoice Information

Other Transaction Agreement Number:		**Invoice Date:**	
Airport Name:		**Airport Code:**	
UEI Number:	**Cage Code:**	**Invoice Number:**	
TINS Number:		*(Each submission requires unique invoice number.)*	

SECTION II. Invoicing Point of Contact Information

☐ Close-Out ☐ Final Invoice

Name:			
Address:			
Street	***City***	***State***	***Zip Code***
Phone No.:	**Fax No.:**	**Email:**	

SECTION III. Service Information

Period of Performance - FROM (*mm/dd/yyyy*):			**TO (*mm/dd/yyyy*):**		
Description of Services Provided: Checkpoint Coverage					
Total No. of LEO Hours Billed:	**0.00**	**Hourly Rate:** *Rate per Agreement or Actual Rate* ***(whichever is less)*.**	**$ 20.00**	**Total Reimbursement Request:**	**$ -**
Actual Hourly Rate:	$ -		**Actual Cost of LEO Coverage for Performance Period Submitted:**		$ -

SECTION IV. Banking Information

Routing Transit No.:	**Type of Account:**
Depositor Account No.:	☐ Checking ☐ Savings ☐ Change of Account

Please update all banking information through the System for Award Management/SAM (https://www.sam.gov). If you experience any issues you may contact the U.S. Coast Guard Finance Center/FINCEN at 206-815-6524 or FIN-SMB-Customberservice@uscg.mil for assistance with payment status inquiries. For issues with SAM please visit https://www.fsd.gov/gsafsd_sp.
Note: Our office does not distribute the reimbursable payments directly.

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 (*printed*)**:**	**Contact No.:**
Signature:	**Date:**
FSD of FSD Designee:	
Name (*printed*)**:**	**Contact No.:**
Signature:	**Date:**

Previous editions of this form are obsolete.

SECTION VI. Checkpoint Log Worksheet

Airport Code:

Date	Activity	Total 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				$ -
21	Checkpoint Coverage				$ -
22	Checkpoint Coverage				$ -
23	Checkpoint Coverage				$ -
24	Checkpoint Coverage				$ -
25	Checkpoint Coverage				$ -
26	Checkpoint Coverage				$ -
27	Checkpoint Coverage				$ -
28	Checkpoint Coverage				$ -
29	Checkpoint Coverage				$ -
30	Checkpoint Coverage				$ -
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		

This field will be automatically generated after you enter hours and pay into the large table above.

SECTION VII. Reimbursement Request

Program Functions/Activities	Amount
Programs Outlays to Date	
Federal Share Amount	
Non-Federal Share Amount	
Federal Payments Received To Date	
Federal Share Now Requesting	$ -

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, TSA-11, 6595 Springfield Center Drive, Springfield, VA 20598-6011. 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 xx/xx/xxxx.

Previous editions of this form are obsolete.