RESPONSE TEAM EXPENDITURE REPORT

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 61618 (11-2026)

Agency Team Deployed	Agency Assisted	Date
Services Provided	Check Payable To	

REIMBURSEMENT INFORMATION - Please attach supporting documentation for each section.

OVERTIME

Date	Officer	Hour Start	Hour End	Overtime Hours Incurred	Overtime Rate - Enter as a decimal .25	Requested Reimbursement
				Overtime Subtotal		

*Attach backup documentation for each officer that identifies salary and fringe to deployment.

MILEAGE

Date	Vehicle Description	Current State Rate	Number of Miles	Requested Reimbursement

Mileage Subtotal	

OTHER COSTS

Date	Description	Requested Reimbursement

*For food and lodging, use state rates or actual cost, whichever is less.

Other Costs Subtotal	
Total Reimbursement Requested	

Narrative

Team Commander Signature	Date
Department Head Signature	Date
Authorization Signature	Date

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Approved By Grants Management Section	Date	Amount Approved	Make Check Payable To