Reset Form

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SAMPLE CERTIFICATION
DISBURSEMENT OF CONFIDENTIAL FUNDs

This is to certify that I have read, understand, and agree to abide by all of the conditions for confidential expenditures as set forth in the OES guidelines.

_____ Date

_____ Project Director

SAMPLE RECEIPT FROM INFORMER PAYEE

RECEIPT

For and in consideration of the sale and delivery to the State, County or _____

of information or evidence identified as

I hereby acknowledge receipt of $ _____

(numerical and word amount entered by payee)

paid to me by the State, County, City of :

_____

on _____

Date

Payee: _____

Signature

Case Agent/Officer: _____

Signature

Witness: _____

Signature

Case or Reference: _____