Print Form

CLAIM FOR EMERGENCY AND EXTRAORDINARY EXPENSES
NAVMC 11305 (7-94)

1. UNIT:		2. PREPARED BY:	
CLAIMS FROM:	CLAIMS TO:	SIGNATURE:	DATE

3. SUBVOUCHERS ATTACHED				4. TOTALS BY SPECIFIC EXPENSE CATEGORY		
NUMBER	AMOUNT	NUMBER	AMOUNT	CATEGORY	CI	HUMINT
				LIAISON		
				INDUCEMENTS		
				REWARDS		
				OPERATIONAL CONTACT		
				TRAVEL		
				SURVEILLANCE		
				EMERGENCY PURCHASE		
				CONVERT VEHICLES		
				MISCELLANEOUS		
				BULK MEMENTOS		
				5. SUBTOTALS		
				6. TOTAL E&EE EXPENSES	$0.00	

7. APPROVAL AND CONCURRENCE:	NAME (Printed)	SIGNATURE
A. FUND CUSTODIAN/ADMINISTRATOR		
B. RESPONSIBLE OFFICER		
C. CUSTODIAL REPSONSIBLE OFFICER		

8. PAID:	ON (Date)	CHECK NO.	CASH (Check if Paid Cash)
VOUCHER NO.	RECIPIENT'S SIGNATURE *(Only if paid in cash)*		

Reset Form

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