



MISSOURI OFFICE OF PROSECUTION SERVICES
WITNESS PROTECTION ASSISTANCE

DETAIL OF EXPENDITURES

AGREEMENT #: _____ REPORTING PERIOD: _____

Applicant Agency: _____ Date: _____

Agency Address: _____ Reviewed by: _____

Tax ID Number: _____

Phone Number: _____

EXPENSES INCURRED

	<i>COUNTY</i>	<i>MOPS</i>
	<u>REIMBURSEMENT REQUESTED</u>	<u>APPROVED AMOUNT</u>
HOUSING	\$ _____	\$ _____
HOTEL	\$ _____	\$ _____
FOOD	\$ _____	\$ _____
TRUCK RENTAL & EXPENSES	\$ _____	\$ _____
BUS/TAXI/SHUTTLE FARE	\$ _____	\$ _____
OTHER TRANSPORTATION	\$ _____	\$ _____
SECURITY	\$ _____	\$ _____
OTHER	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

APPROVED REIMBURSEMENT TOTAL: \$ _____

I CONFIRM THAT:

- 1) Receipts or other proof of boigation for payment are attached.
- 2) A vendor information form is attached and completed, or is currently on file with the State of Missouri.

Signature of Authorized County Applicant

Date

APPROVED:

Executive Director, Missouri Office of Prosecution Services

Date