

FORMS

Form A-1

**CUSTODIAN'S ACTIVITY LOG
FOR CONFIDENTIAL FUNDS**

Date	Transaction Type*/ Number		For		Received	Paid	Balance
			Receipts: Source, Check #	Payouts: Payee, Check #			

***TRANSACTION TYPES:**

- 1. **Initial:** Initial advance from treasury;
- 2. **Advance:** Advance to officer (agent);
- 3. **Advance/Repayment:** Repayment of advance in part or in full;
- 4. **Reimbursement:** Reimbursement payments to officer upon submission of voucher documenting expenses;
- 5. **Receipt:** Replenishment funds received from treasury or special revenue account
- 6. **Miscellaneous:** Miscellaneous amounts: plus (+) or minus (-);
- 7. **Audit notation** by internal or external auditor.

**TRANSACTION RECORD OF EACH
ADVANCE OR RETURN OF CONFIDENTIAL FUNDS**

Advance

Transaction Number _____

Agent's Name _____

ID Number _____

Unit _____

Amount of advance \$ _____

Case or reference # _____

Intended Purpose:

Investigative Advance

Use as a flash roll *

Advance approved by _____
Signature of chief law enforcement official or designee

_____ Date

Advance received by _____
Agent's Signature

_____ Date

Check # _____ Date _____

*Flash rolls shall be returned within 72 hours unless extended for an additional 48-hour period.

Return

Transaction Number _____

Agent's Name _____

ID Number _____

Unit _____

Amount returned \$ _____

Case or reference # _____

Advance returned by _____
Agent's Signature

_____ Date

Advance returned to _____
Signature of chief law enforcement official or designee

_____ Date

Receipt # _____ Date _____

Original: filed with Fund Custodian

Copy: retained by Agent

AGENT’S ACTIVITY LOG FOR CONFIDENTIAL FUNDS

Page ____ of ____

MONTH

Agent’s Name _____ ID Number _____

Unit _____

Trans. #	Date	Case #	Purpose	Received (+)	Paid Out (-)	Balance
Total						

I do solemnly swear (or affirm) that the amounts reported above are just and true in all respects.

Submitted by _____
Agent’s signature

Approved by _____
Supervisor’s signature

Original: Filed with Fund Custodian
Copy: Retained by Agent

ACCOUNTABILITY OF CONFIDENTIAL FUNDS

Case # _____

FUNDS EXPENDED:

Transaction # _____

EVIDENCE:

Type and quantity _____

Date _____

Amount spent \$ _____

UNDERCOVER MOTOR VEHICLE:

Gasoline and Oil

Date _____

Amount spent \$ _____

Station/store _____

Date _____

Amount spent \$ _____

Station/store _____

Date _____

Amount spent \$ _____

Station/store _____

INFORMANT EXPENSES:

Code name _____

CI # _____

Date _____

Receipt: Yes [] No []

Amount \$ _____

MISCELLANEOUS:

Explanation _____ Date: _____ Amount \$ _____

Explanation _____ Date: _____ Amount \$ _____

I certify that the above expenditures are true and correct.

Agent's signature

Date

Original: Filed with Fund Custodian
Copy: Retained by Agent

RECEIPT FOR PAYMENT TO INFORMANT

Case or reference # _____ Date _____

I hereby acknowledge receipt of \$ _____ (_____)
numbers words

paid to me by: _____ for consideration of:

[] Information and/or [] services

Described as follows: _____

Section B is to be filled out when funds are advanced to informant for future purchase(s).

It is understood and agreed that this money is to be expended by me only for the purchase, as evidence, of controlled substances. If no such purchase is made, or if such purchase is made for less than the total sum furnished to me, before _____, I

date/time

will forthwith refund the sum furnished or the balance thereof to the above-named officer of the _____ . In any event, upon demand by the above-named officer at

(agency name)

any time, I will forthwith refund to him/her the total amount of any sum thus furnished to me that has not yet been expended by me for the purchase, as evidence, of controlled substance(s).

Furthermore, it is understood that this money is the property of _____

(city/county)

and that misuse or conversion of the money to my personal use will render me liable to prosecution.

 Payee code name or number

 Date

 Officer's Signature

 Date/Time

 Witness's Signature

 Date

Original: filed with Fund Custodian

Copy: retained by Agent

SUMMARY INFORMANT PAYMENT LOG

Informant code name or number _____

Payment Date	Case # or Reference #	Amount Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This form should be filed with the applicable informant file and should reflect all payments made to the informant.

Receipts for payments to informants should back up this file.

CONFIDENTIAL FUND MONTHLY RECONCILIATION REPORT

A. RECONCILIATION

Bank balance per statement \$ _____

Date of statement _____

Add: Deposits in transit (from section B)
 [Deposits recorded on Activity Log (A-1),
 but not appearing on the bank statement.] \$ _____

Subtract: Outstanding checks (from section C)
 [Checks written and recorded on Activity
 Log (A-1) but not appearing on the bank statement.] \$ _____

Balance per Activity Log \$ _____

Date _____

B. DEPOSITS IN TRANSIT

Date	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

C. OUTSTANDING CHECKS

Check #	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

D. CONFIDENTIAL FUNDS WITH AGENTS

Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

* Parts A, B, and C are completed only if confidential funds are maintained in a separate bank account.

E. SUBMISSION AND APPROVAL

 Prepared by Approved by

REPORT OF CONFIDENTIAL FUNDS REQUESTED OR RETURNED

To: _____
City recorder/County Trustee

[] I am requesting funds in the amount of \$ _____ for use in the drug enforcement program.

[] I am returning funds of \$ _____ that have accumulated in the drug control (confidential funds) account.

LAW ENFORCEMENT AGENCY'S CERTIFICATION

Submitted by _____
Chief law enforcement official

Title _____

Date _____

CITY RECORDER/COUNTY TRUSTEE CERTIFICATION OF RECEIPT OR PAYMENT

Amount Received \$ _____ Receipt # _____

Amount Paid \$ _____ Warrant or Check # _____

By _____

Title _____

Date _____

IMPORTANT: The Comptroller's Office has discontinued requiring this form. However, MTAS & CTAS recommend continue using this form as a best practice.

Form R-2

QUARTERLY REPORT OF CONFIDENTIAL FUNDS

For the quarter ending _____, 20____

TO: _____

City Recorder/County Trustee

The following represents a true and accurate accounting of confidential funds held by the office of _____ for the quarter listed above.

Police chief/Sheriff or designee

Balance of confidential funds, first of quarter \$ _____

Add: Funds received from City Recorder/County Trustee \$ _____

Less: Expenditures from confidential funds \$(_____)

Less: Funds returned to City Recorder/County Trustee \$(_____)

Balance of confidential funds, end of quarter \$ _____

Submitted by _____

Chief law enforcement official

Title _____

Date _____

This report must be filed with the City Recorder/County Trustee within 30 days of the end of the months of September, December, March and June each year.

Original: Filed with City Recorder/County Trustee

Copy: Retained by the law enforcement agency