TRANSACTION RECORD FOR CONFIDENTIAL FUND ADVANCE
FORM CF-2

A. Request Transaction Number _____

Name of Receiving Party _____ ID No. _____

Unit _____

Amount of Request $ _____

Intended Purpose: ☐ Payment to informant for specific info (P / I)

☐ Payment for the purchase of evidence (P / E)

☐ Payment for services or misc. (P / S)

Date: _____

Amount of Advance $ _____ Written Amount _____

B. Authorization, if Required In accord with agency policy, an advance of this type and/or amount requires the approval of _____.
Name, Title or Rank

Approval was secured by _____ on _____
Means - telephone, memo, etc. Date & Time

Unit Supervisor's Signature _____ _____
Date

Receiving Party's Signature _____ _____
Date

**** Authorization for Extension**

I, _____, authorize an extension of the 48-hour limit on the amount of time
Name, Title or Rank
funds advanced for PE/PI/PS expenditures may be held outstanding. This extension authorizes the receiving officer to retain the funds and to return them to the cashier ☐ Monthly, ☐ Biweekly, or ☐ Other: _____ for accounting purposes.

_____
Signature

C. Return of Unused Confidential Funds

Name of returning party: _____ Date _____

Amount of Return $ _____ Written Amount _____

_____
Initials of Fund Custodian