

BIA RELIABILITY/ADVANCEMENT OF FUNDS REPORT

DATE SUBMITTED

BUREAU OF INTERNAL AFFAIRS/ CHICAGO POLICE DEPARTMENT

INSTRUCTIONS:

1. **SUBMIT WITHIN 24 HOURS OF INFORMATION OR PURCHASE.**
2. **PREPARE IN DUPLICATE (IF FUNDS ARE DISBURSED).**

| | |
|----------------------------|---------------------|
| LOG NO. | DATE OF RAID |
| R.D. NO. | SEARCH WARRANT NO. |
| Cooperating Individual No. | TOTAL CASES TO DATE |

- | | |
|---|---|
| <input type="checkbox"/> SEARCH WARRANT INFORMATION | <input type="checkbox"/> COOPERATING INDIVIDUAL AIDED POLICE IN CONTROLLED SALE |
| <input type="checkbox"/> INFORMATION FOR ON VIEW SEIZURE | <input type="checkbox"/> OTHER - SPECIFY _____ |
| <input type="checkbox"/> COOPERATING INDIVIDUAL SIGNED SEARCH WARRANT | |

| TYPE(S) OF NARCOTICS SEIZED | ESTIMATED STREET VALUE & WEIGHT | OTHER CONTRABAND/MONEY SEIZED |
|--|---------------------------------|-------------------------------|
| | | |

PROPERTY INVENTORY NO(S).

PERSON(S) ARRESTED AND I.R.NO.

| | |
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| 1. | 2. |
| 3. | 4. |

FOR AND IN CONSIDERATION OF ASSISTANCE TO THE CHICAGO POLICE DEPARTMENT, BUREAU OF INTERNAL AFFAIRS , IN SUPPLYING INFORMATION IDENTIFIED AS FOLLOWS:

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| I HEREBY ACKNOWLEDGE RECEIPT OF \$ _____ TENDERED TO ME BY _____ (Printed Name of Disbursing Officer) | |
| _____ OF THE CHICAGO POLICE DEPARTMENT, BUREAU OF INTERNAL AFFAIRS. | |
| DATE DISBURSED | SIGNATURE OF COOPERATING INDIVIDUAL |
| WITNESS - SIGNATURE, STAR NO. | DISBURSING OFFICER - SIGNATURE, STAR NO. |

| | | |
|--------------------|----------|----------|
| REPORTING OFFICER | STAR NO. | UNIT NO. |
| SUPERVISOR | STAR NO. | DATE |
| COMMANDING OFFICER | | DATE |