

This form shall be used when requesting financial records of individuals and partnerships of five or fewer individuals under the RFPA.

1 Tracking Number:	2 Date Order Prepared:	3 USAO Number:
--------------------	------------------------	----------------

Section A - Authorization and Purchase Order

4 Name and Address of Financial Institution:	Funding Certification & Authorization:	A. N/A Budget Official Signature B. 54-8113 Approving Official Signature Date
5 Deliver Records To:	Send Completed USA-211 Form & Invoice To: U.S. Attorney's Office - SDNY Budget / Fiscal Unit 86 Chambers Street, 3rd Floor New York, NY 10007	6 Return Date:

7 Remarks: Do not proceed with compliance if the total cost will exceed \$ 500.00 without prior approval. To obtain approval, call the requestor listed in Item 8. If invoicing for these services is expected to exceed 120 days, please notify the United States Attorney's Office immediately to ensure funds remain available for payment. Please see the attached Important Notice for additional information on invoicing and other requirements for reimbursement.

8 Name of Requestor: AUSA	9 Telephone Number:	10 Date of request:
------------------------------	---------------------	---------------------

Section B - Financial Institution Invoice

No Payment Shall Be Made Unless Expenses Are Itemized Below Or Set Forth On Your Attached Invoice.

11A Invoice Number:	Quantity	Unit Price	Amount
11B Tax ID Number:		Cost Per	
11C Service(s)/Records Provided:			
A. Searching and processing costs (clerical or technical personnel)		\$22.00 Hour	
B. Searching and processing costs (management/supervisory personnel)		\$30.00 Hour	
C. Searching and processing costs (computer support specialist)		\$30.00 Hour	
D. Reproduction Costs (Photocopying) - **Note: Copy charges will be disallowed if the information is stored electronically, unless the US Attorney's Office requests paper.		\$0.25 Page	
E. Reproduction Costs (Paper Copies of Microfiche: provide justification)		\$0.25 Frame	
F. Reproduction Costs (Duplicate Microfiche: provide justification)		\$0.50 Microfiche	
G. Storage Media Cost (e.g., Compact Disc, DVD, etc., at Actual Cost)			
H. Transportation Costs (Direct Costs Only)			

In Item #12, I certify that the services invoiced above were not performed relative to any corporate accounts and pertain only to accounts of individuals and partnerships of five or fewer individuals.

12 Signature of Financial Institution Official:	13 Date Signed:	Total Amount Claimed By Financial Institution
---	-----------------	---

Section C - Receiving Report

14 I certify that the articles and services listed were received:	15 Date Received:	16 Disallowance (See Attached)
		17 Net to Financial Institution

18 Right to Financial Privacy Act - Public Law 95-630 (12 U.S.C. 3401-3422) Request Pursuant To: (Check One Only)	19 Signature of Approving Official:
SECTION <input type="checkbox"/> 3404 Customer Authorization <input type="checkbox"/> 3405 Administrative Subpoena or Summons <input type="checkbox"/> 3406 Search Warrant <input type="checkbox"/> 3407 Judicial Subpoena <input type="checkbox"/> 3408 Formal Written Request <input type="checkbox"/> 3413 Grand Jury Subpoena <input type="checkbox"/> 3414 Special Procedures	OBJECT CLASS 2545 2545 2545 2545 2545 2545 2545
	20 Funding Source Accounting Code: Program
	21 Other Accounting/Fund Information: Program Code: N/A Project Code: N/A YREGDOC: 54-8113

22 Remarks:	Call Number (if applicable): OBL Month (YRMO): Tax ID Number:
-------------	---

To the best of my knowledge, the financial records received, for which we are being billed, are those of an individual or partnership of five or fewer individuals.

Signature of United States Attorney's Office Representative

Date