

Inspector General Criminal Investigator Academy (IGCIA)

FY13 - IGCIA Financial Reimbursement Agreement (07/24/12)

Program Name Class Number

Class Start Date Class End Date

Class Location

Student - (Last Name, First Name, MI)

Student - EMAIL Address

(Department/Agency)

agrees to reimburse the IGCIA for the actual cost of training services provided.

The agency may be billed for tuition if a student fails to report for class (no show) without notification or the training seat is canceled within 10-working days of the class start date. The following are valid reasons for a seat cancellation - mandatory court appearance, serious illness of student or immediate family member. On a case-by-case basis, all other reasons will be reviewed and considered.

I certify that I am authorized to approve this obligation of funds by my agency.

Please provide the following billing information:

Method of Payment Purchase Order Agency Training Form Government Credit Card Personal Credit Card
 Tuition Misc Lodging Meals

Credit Card Number Expiration Date

Visa Master Card Other:

Financial Contact Person

Phone E-mail

Privacy Act Information:

Authority: Title 42, U.S.C. 4742; Title 5, U.S.C. 552;F.R.16586 (March 12, 1981).

Purpose: Obtaining information from individuals applying for enrollment to an IGCIA training program; used for student registration and program administration purposes.

Uses: Disclosure upon request to individual, the individual's parent agency, to any other individual or agency at the request of the applicant, to the student locator, mailroom, registration office, training and research officials, and other government officials on a need-to-know basis

Effect of Nondisclosure: Supplying the information is voluntary and is not required by law. Disclosure of your Social Security Number, which is solicited under authority of E.O. 9397, is voluntary and no right, benefit, or privilege by law will be denied as a refusal to disclose it. However, failure to provide all or any part of the information solicited may result in the applicant not being registered for the requested training program.

RETURN THIS FORM BY:

EMAIL: RegistrarIGCIA@cigie.gov

OR

FAX: (912) 267-3473

For billing questions please call:

Phone: (912) 267-2871

Date/Time Rec: