

**REQUEST FOR PAYMENT OF INTEREST  
U.S. CUSTOMS AND BORDER PROTECTION  
ON ADMINISTRATIVE OR CIVIL JUDICIAL SEIZURES**

This form is to be used to request payment of interest on refunded seized currency as required by the Civil Asset Forfeiture Reform Act of 2000 (CAFRA). Please email this form, with backup documentation, to **U.S. Customs & Border Protection, FP&F Division: OFO-TFF REFUND REQUEST (group mailbox via email)**

Seizure #:      -      -       -

Seizure Date: \_\_\_\_\_

Deposit Date: \_\_\_\_\_

Date Notice Sent: \_\_\_\_\_

Seizure Amount: \_\_\_\_\_

Cash Receipt Number :

Refund Amount: \_\_\_\_\_

Payment date of Refund: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Interest: \_\_\_\_\_ (to be determined by EOAF)

Pay To: \_\_\_\_\_

TIN/SS#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Headquarters Representative:

Name: \_\_\_\_\_

Port: \_\_\_\_\_

Title: \_\_\_\_\_

Signature & Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**SEIZURE#:**

**FUND:** COST CENTER: 98999000

**FUNDS CENTER:** RM400 MATERIAL GROUP: 4312

**FUNCTIONAL AREA:** MA1199999988 AMOUNT:

**ORDER:** ZFX5

EOAF: Obligator - Signature/Date

EOAF: Certifier - Signature/Date

Accomplished by NFC: \_\_\_\_\_  
NFC Signature and Date