

**REQUEST FOR PAYMENT OF INTEREST
UNITED STATES SECRET SERVICE
ON ADMINISTRATIVE OR CIVIL JUDICIAL SEIZURE:**

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 submit this form, with backup documentation, to **TEOAF**, via the **Refund Automated Management System (RAMS)**

Seizure #:

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Seizure Date: _____

Date Notice Sent: _____

Deposit Date: _____

Seizure Amount: _____

Cash Receipt Number :

Refund Amount: _____

Payment date of Refund: _____

Special Instructions: _____

Amount of Interest: _____ (to be determined by EOAF)

Pay To:	
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TIN/SS#:

Address: _____

USSS Headquarters Representative:

Name: _____

Port:

Title:

Signature & Date:

Phone: _____

Fax: _____

SEIZURE#:

FUND: **COST CENTER:** 98999000

FUNDS CENTER: RM600 **MATERIAL GROUP:** 4312

FUNCTIONAL AREA: MA1199999988 AMOUNT:

ORDER: ZFX5

EOAF: Obligator - Signature/Date

EOAF: Certifier - Signature/Date

Accomplished by ARC: _____
ARC Signature and Date