



**SAFETY / EMISSIONS COVERT IMPREST FUND**

Field Compliance Investigator's Name: \_\_\_\_\_

Imprest Fund No.: \_\_\_\_\_

Region: \_\_\_\_\_

DATE	DESCRIPTION	AMOUNT	
	<b>Request for Advance for Investigative Expenditures</b>	<b>RECEIVED</b>	
_____	Funds Advanced _____	_____	_____
_____	Funds Advanced _____	_____	_____
		<b>USED</b>	<b>RETURNED</b>
	<b>Audit Number</b> <b>Station Name, Station Number</b>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Other (Explain)		
		_____	_____
		_____	_____
	<b>Cash Returned</b>		
_____	Total Advance Accounted for _____ <b>Total</b> _____	_____	_____
		<b>USED</b>	<b>RETURNED</b>

Supporting documents for the above listed expenditures and/or cash I have received, totaling the amount of the advance, as shown above.

**Investigator's Signature** \_\_\_\_\_ **ID** \_\_\_\_\_ **Date** \_\_\_\_\_

**Cashier / Alternate Cashier's Signature** \_\_\_\_\_ **ID** \_\_\_\_\_ **Date** \_\_\_\_\_

Texas Penal Code § 39.01 provides criminal penalties for any public servants who knowingly or intentionally misapply or misappropriate anything of value belonging to the government that has come into his/her custody or possession by virtue of his/her employment.



Texas Department of Public Safety  
Regulatory Services Division  
www.dps.texas.gov

**VEHICLE INSPECTION  
FIELD COMPLIANCE**

**Field Compliance Investigator's Name** \_\_\_\_\_

**Receipt:**  
**District:**  
**Amount:**

Date	Audit Number	Station Name, Station Number	Funds Used	Repairs
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Date	Audit Number	Station Name, Station Number	Funds Used	Repairs
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____