

STATEMENT TO ACCOMPLISH PAYMENT OF REWARD OR EXPENSES FOR RETURN OF ABSENTEE

NAVMC 11145 (6-84) (EF)

SN: 0109-LF-065-5400

SEE REVERSE FOR PREPARATION INSTRUCTIONS

<p style="text-align: center;">PRIVACY ACT STATEMENT (5 U.S.C. 552a)</p> <p>AUTHORITY: Title 10, U.S. Code, Sections 807 and 808 and Annual DOD Appropriations Act. PRINCIPAL PURPOSE (S): To document facts concerning apprehension of military absentee. ROUTINE USES: To substantiate payment of rewards for apprehension; to document delivery of absentee into military custody; to reimburse for actual expenses with regard to apprehension</p>	DATE
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1. IDENTIFICATION OF ABSENTEE

a. NAME AND GRADE	b. SSN	c. ORGANIZATION AND STATION
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2. ARREST AND DELIVERY

a. DATE OF ARREST	b. PLACE OF ARREST	c. PLACE OF DELIVERY TO MILITARY CONTROL (if applicable)
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ITEMIZED STATEMENT OF ACTUAL EXPENSES INCURRED BY CLAIMANT

3. (Execute this statement when reimbursement of expenses is claimed. Do not execute item 4, below)

DATE	ITEM	AMOUNT

These expenses were incurred in connection with apprehension and delivery of the absentee identified in item 1, above.		TOTAL \$
SIGNATURE OF CLAIMANT	TITLE	ADDRESS (Street, City, State and Zip Code)

STATEMENT BY CLAIMANT OF APPREHENSION, DETENTION, DELIVERY, AND RECEIPT OF NOTICE

4. (Execute this statement when reward is claimed. Do not execute item 3, above)

I, or the agency I represent, effected the apprehension and detention or delivery of the absentee identified in item 1, above, and (check one, below)

APPREHENSION AND DETENTION (Held by local authority) (\$50.00)

APPREHENSION AND DELIVERY TO MILITARY AUTHORITY (\$75.00)

SIGNATURE OF CLAIMANT	TITLE	ADDRESS (Street, City, State and Zip Code)
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5. STATEMENT BY RESPONSIBLE MILITARY AUTHORITY AS TO DELIVERY OF ABSENTEE

a. DATE OF DELIVERY	b. PERSON OR AGENCY EFFECTING DELIVERY	c. DELIVERY WAS MADE TO (Check one) <input type="checkbox"/> MILITARY FACILITY <input type="checkbox"/> MILITARY CONTROL
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Delivery of the absentee identified in item 1, above, actually was made to military facility or military control.

TYPED NAME AND GRADE OF MILITARY AUTHORITY	SIGNATURE OF MILITARY AUTHORITY
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INSTRUCTIONS FOR PREPARATION:

1. Identification of Absentee:

- a. Name (self explanatory)
- b. SSN (self explanatory)
- c. Organization and Station (USMC or Absentee's Command)

2. Arrest and Delivery

- a. Date of Arrest (self explanatory)
- b. Place of Arrest (Self Explanatory)
- c. Place of Delivery to Military Control (if applicable)

3. Itemized Statement of Actual Expenses Incurred by Claimant; (Paid in lieu of reward and not to exceed \$75.00)

- Only Item No. 3 or Item No. 4 to be completed, not both.
- Actual expenses include expense for food while in custody of claimant.
- Transportation expenses (No of miles x 17c per mile) for privately owned vehicle.
- Other (miscellaneous expense incurred while in custody).

4. Statement by Claimant of Apprehension, Detention, Delivery:

- Only Item No. 3 or Item No. 4 to be completed, not both.
- Only one box to be checked in item no. 4.

5. Statement by Responsible Military Authority as to Delivery of Absentee:

- a. Date of Delivery (to military control or military facility)
- b. Person or Agency Effecting Delivery
- c. Delivery was made to (check one)