

Request for Reimbursement

1. Agency Name: _____ 2. Agency Contact Person: _____ 3. Agency Contact Phone: _____ 4. Agency Address: _____ _____ _____ 5a. HIDTA Subaward _____ 5b. Request #: _____	6. Initiative Name: _____ 7. Budget Year: _____ 8. Period: _____ 9. Payment Information: All payments will be made via direct deposit to the bank account and routing numbers on file with the HIDTA Finance Office. Please contact the HIDTA Finance Office at 606-877-2136 if any changes need to be made to your banking information.
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9.COMPUTATION OF AMOUNT OF REIMBURSEMENT REQUESTED:

Account	Description	Total Amount	
a. Personnel	Regular salary, including vacation and holiday, paid to agency employees (per your approved budget)		
	Account #		Amount
b. Fringe	FICA, Retirement, Health, Life, Other Fringe Benefits paid in accordance with agency policies (per your approved budget)		
	Account #		Amount
c. Overtime	Overtime per your approved budget. <i>(Note: check current year program guidance for overtime limits per employee)</i>		
	Account #		Amount (Detail on Page 2 must be completed)
d. Travel	Investigative, administrative and training travel - lodging, per diem, air fare, vehicle rental, etc. (per your approved budget)		
	Account #		Amount
e. Facilities	Lease of office space, warehouse, etc. Utilities, janitorial, improvements, maintenance, etc. (per your approved budget)		
	Account #		Amount
f. Services	Lease/rental of equipment, phones, pagers, radios, copiers, vehicles, computers, data lines, audio/visual contractual services, workforce under contract for specific project, consultants (computer, investigative, litigation), Photo processing, repairs/maintenance (all except facilities) – service agreements, flight time, etc. (per your approved budget)		
	Account #		Amount
g. Equipment	Purchase of Equipment [Communications (audio, phones, pagers, radios); Office (furniture, computer work stations, computers & accessories, copiers, fax machines, & others); Surveillance (electronics, specialized audio/phone, equip., lens, scopes, night vision, pen register); cameras, lenses, and related equipment; vehicles; Video equipment, VCR, others] (per your approved budget)		
	Account #		Amount
h. Supplies	Investigative/operational supplies, treatment prevention and demand reduction supplies, office supplies, software (per your approved budget)		
	Account #		Amount
I. Other Costs	Purchase of Information/Evidence: Items not covered elsewhere (per your approved budget)		
	Account #		Amount
Total Request Amount			

I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions and that payment has not been previously requested. I further certify that if funds for overtime reimbursement are being requested, that the total this agency has collected from Appalachia HIDTA for overtime for this officer/s does not exceed the Appalachia HIDTA limit of \$18,000 per officer per calendar year and that the amount does not exceed the lower of : (1) applicable state, local, and tribal regulations of officer's parent agency; or (2) 25% of the Federal GS-12, Step 1 level pay scale for "Rest of US" in the law enforcement general schedule in effect at the beginning of the calendar year. In addition, this overtime rate is the maximum that an officer can receive during the calendar year, fiscal year or other 12-month period from all Federal funding sources combined.

Signature of Agency Authorized Certifying Official		Date	
State Coordinator Signature	Date	Task Force Commander Signature	Date

