Appalachia HIDTA AH-10 (Rev. 02/20)

Purchase of Evidence/Information-Reimbursement Request Form

(Attach this form to completed LC-07 for reimbursement processing.)

Task Force Name:	
Agency to be Reimbursed:	

Date	Case #	CI#	Detective Name	List Type of Evidence	Quantity of Evidence	Evidence $ Amount	Outlay $ Amount	Total $ Amount
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
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								0.00
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								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
					Total Reimbursement Amount			0.00

CERTIFICATION: As the Task Force Commander, I certify that the above listed monies were spend for Purchase of Evidence and/or Information toward the furtherance of AHIDTA narcotics investigations and were spent in accordance to agency policies.

Task Force Commander:			
	Signature	Printed Name	Date