## Purchase of Evidence/Information-Reimbursement Request Form

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

## Task Force Name: <br> Agency to be Reimbursed:



| Date | Case \# | CI\# | Detective Name | List Type of Evidence | Quantity of Evidence | Evidence <br> \$ Amount | Info/Outlay \$ Amount | Total \$ Amount |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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|  |  |  |  |  | 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.

