

## Request for Reimbursement of HIDTA Overtime Expenses

Name of Agency

HIDTA Initiative

Address

Period of reimbursement claim

From:

To:

Contact Person

Phone #

Employee Name	Is this employee eligible for OT from parent agency?	OT Hrs. this period	Overtime amount this period	Officer or Admin?	Brief description of overtime work (case number, etc.)	OCEDTF case?	Cumulative overtime amount to date
<b>TOTALS</b>							

*I certify to the best of my knowledge that the above is correct: all outlays were for the purposes set forth in the grant agreement or any other agreement; that they were made in accordance with the grant or other agreement conditions*

<b>Name of Authorized Representative of Requesting Agency</b>	<b>Title</b>	<b>Date</b>
<b>Name of HIDTA Initiative Supervisor</b>	<b>Title</b>	<b>Date</b>