

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 Finance@ahidta.org 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. (Note: check current year AHIDTA budget for overtime limits per employee.)	
	Account # Amount (Detail on Page 2 must be completed)	
	Total amount for OT will autofill from page 2	
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 \$5,000 or more [Communications; Office (furniture, computer work stations, computers & accessories, copiers, fax machines, & others); Surveillance (electronics, specialized audio/phone, equip., lens, scopes, night vision); cameras, lenses, and related equipment; vehicles; video equipment, VCR, others] (per your approved budget)	
	Account # Amount	
h. Supplies	Purchase of Supplies less than \$5,000 Investigative/operational supplies, office supplies, software (per your approved budget)	
	Account # Amount	
i. Other Costs	Purchase of Information/Evidence (per your approved budget)	
	Account # Amount	
Total Request Amount		

Agency Authorized Certifying Official and Task Force Commander Certifications:

- 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 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 \$19,000 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.**
- I also certify to the best of my knowledge that the overtime information on page 2 of this form is correct.

State Coordinator Certification:

- Regarding overtime reimbursements-I certify that the officer/s listed are part of the AHIDTA task force and the overtime limit has not been exceeded.
- Regarding all other costs listed-I certify that I have reviewed the documentation and all cost appear reasonable and allowable to best of my knowledge.

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

This form continued on page 2.

Item #9 c.-Overtime:

			Calculation of Cumulative Overtime Reimbursement to-date		
A	B	C	D	E	F
Officer Name	Is this employee eligible for overtime from parent agency? Yes or No*	Number of overtime hours this officer worked this period in support of an AHIDTA Enforcement or Intelligence Initiative	HIDTA overtime reimbursement requested to-date (not including this request)	Overtime this agency paid this officer for hours listed in Column C	Total Overtime reimbursement requested to-date** (D + E = F)
TOTAL (Also enter on page 1 item 9c)					

* If answer is "No", AHIDTA cannot reimburse this overtime.

See page one of this form for certification language pertaining to this overtime reimbursement request.

** Be advised that the total this agency has collected from Appalachia HIDTA for overtime for this officer/s cannot not exceed the Appalachia HIDTA limit of \$19,000 per officer per calendar year and the amount cannot 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.**

Responsibilities for Overtime Compliance (Per 2020 HIDTA Program Guidance Section 7.12.3)

The participating agency or initiative supervisor of the personnel receiving HIDTA-funded overtime shall ensure overtime is tracked, the maximum allowable amounts are not exceeded, the overtime is for HIDTA initiative-related activities, and the individual does not receive overtime compensation from another funding source for the same hours worked.

Records Availability and Records Retention:

Per 2 CFR 200.336, AHIDTA requires that all original payroll documentation for this and any AHIDTA overtime reimbursement be made available for review purposes upon request for a three year period as described in 2 CFR 200.333.