2016 Law Enforcement Call-Out Reimbursement

FINANCIAL REPORT

Department Requesting Reimbursement: _____

Reporting Period:_____ to _____

*P**lease identify if a DRE or a LEPT was completing the Call-Out***

DRE/LEPT Name	Date Worked	Agency Requesting DRE/LEPT	Hours	Overtime Rate	Fringe Benefits	Date Paid	Total
		Total hours			**DRE/LEPT Costs**		

I certify that the totals listed above are the overtime wages earned by the participating DRE/LEPT and were paid to the officers on the dates indicated. Reimbursement is being sought as personal services under the 2016 Law Enforcement Call-Out Reimbursement Program.

<u>Financial Director</u>
Printed Name: _____
Signature: _____
Date: _____

<u>Sheriff/Chief of Agency Requesting Reimbursement</u>
Printed Name:_____
Signature:_____
Date:_____