AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GC HIDTA INITIATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MONTH/YEAR: \_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF VEHICLE DRIVEN BY FULL-TIME GCHIDTA AGENT(S) SEEKING ALLOWANCE:

**Make, Model, Year, VIN: Beginning Mileage, Ending Mileage and Total GCHIDTA related mile, Driver’s name**:

1. None

2. None

3. None

4. None

5. None

Names of all full-time Agents Assigned from your department during this reporting period. (NOTE: List all sworn officers assigned full-time to all GC HIDTA initiatives).

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

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**AMOUNT CLAIMED**:$\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Agency Certifying Official Signature of Employee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Initiative Supervisor Signature of State Operations Director

**TO BE SUBMITTED WITH AGENCY REIMBURSEMENT REQUEST**