ORGANIZED CRIME DRUG ENFORCEMENT TASK FORCES
FY 2023 REIMBURSEMENT REQUEST FOR OVERTIME COSTS AND
AUTHORIZED EXPENSE / STRATEGIC INITIATIVE PROGRAMS
FOR STATE & LOCAL LAW ENFORCEMENT PERSONNEL

DUNS/UEI #: 103110834
FEDERAL TAX IDENTIFICATION #: 74-6000717

EXO USE Only
DC#: Z-32 -

State & Local Name: HIDALGO COUNTY TREASURER

SEND PAYMENT TO: State & Local Address: 2810 S. Business Hwy. 281
Edinburg, TX 78539-6243

(Please enter State & Local Organization Name, Address, Zip Code above)

ADMINISTRATIVE OR FINANCIAL STAFF CONTACT : Jose Pena, Grant Accountant
Telephone/E-mail: 956-318-2511 Ext. 4669 jose.pena@auditors.co.hidalgo.tx.us

OCDETF INVESTIGATION / STRATEGIC INITIATIVE NUMBER: M5-20-0029
OPERATION NAME: Operation Heavy Trucking

SPONSORING FEDERAL AGENCY INVESTIGATION NUMBER: DEA

BILLING PERIOD FOR WHICH REIMBURSEMENT IS REQUESTED:
FROM _____ TO _____

AMOUNT REQUESTED: OVERTIME * $ 0.00
AUTHORIZED EXPENSES * $ 0.00
TOTAL * $ 0.00

Total Number Of Officers Claiming Overtime: _____

Total Number of Overtime Hours Claimed for All Officers:* 0.00

This invoice is not considered proper until all necessary signatures are obtained and the invoice is received by the OCDETF Executive Office.

In accordance with the executed State & Local Agreement, reimbursement is hereby requested for overtime and for authorized expense/ Strategic Initiative programs of Law Enforcement officers from the above-named Organization. I hereby certify that cumulative overtime from all Federal sources, inclusive of this request; for each officer covered by this request does not exceed $19,840.75. I further certify that the funds requested are for overtime, travel, Strategic Initiative operation expenses, and per diem expenses incurred by the officer(s) identified in the Agreement for work on the cited OCDETF Investigation or Strategic Initiative, and that the State & Local officer(s) have been paid. Benefits (such as retirement, FICA, or other expenses) are NOT to be included in overtime payment. NOTE: DIRECT PAYMENTS TO OFFICERS ARE NOT ALLOWED.

Certified: _____
Authorized State & Local Official | Title | Date

Approved for Payment: _____
OCDETF Executive Office | Date

*Note - Total OT Hours, Amount Requested for Overtime & Authorized Expenses, and the TOTAL will calculate when Pages 2 & 3 are complete.

ORGANIZED CRIME DRUG ENFORCEMENT TASK FORCES
AUTHORIZED OFFICERS OVERTIME LOG

OCDETF Investigation/Strategic Initiative Number: M5-20-0029

State & Local Organization: HIDALGO COUNTY TREASURER

Current Billing Period:

Do not leave any columns blank; enter "0" for any columns with a non-applicable amount. The 'Totals' row of Columns B, D, and E must match the amounts listed on the Reimbursement Request.

Column Label	A	B	C	D	E	F	G Must NEVER be Zero	H Must NEVER be Zero
State & Local Employee Name and Rank/Title	**Regular Hours Worked on OCDETF case/ Strategic Initiative**	**Overtime Hours Worked on OCDETF case/ Strategic Initiative**	**Officer's Overtime Rate**	**Authorized Expenses Claimed for this billing period**	**OCDETF Overtime Amount Claimed for this billing period BxC=E**	**Other Federal Overtime Earned [1] this fiscal year [2]**	**Cumulative OCDETF Overtime Charged including this billing period this fiscal year***	**Cumulative Overtime Charged from all Federal Sources this fiscal year [3] F+G=H**
	0.00	0.00	0.0000	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.0000	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.0000	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.0000	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.0000	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.0000	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.0000	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.0000	0.00	0.00	0.00	0.00	0.00
Totals	0.00	0.00		0.00	0.00			0.00

[1] Other Federal Overtime Earned is overtime earned from ALL non-OCDETF Federal Sources (such as Safe Streets, HIDTA, HSI, FEMA, etc.)
[2] Fiscal Year is from October 1st – September 30th
[3] This amount cannot exceed $19,840.75 in FY23 (25% of the current Federal salary rate in effect)
*Columns G and H must never be blank or zero. Column G must include the amount claimed in column E on this Overtime Log. Therefore, column G must be equal to or greater than column E.

Certified:

Sponsoring Federal Agency Group/Squad Supervisor Print Name Date

Approved:

Sponsoring Federal Agency Regional OCDETF Coordinator Date

Approved:

Assistant United States Attorney Regional OCDETF Director/OCDETF Program Specialist Date