FY 2027 Homeland Security Task Force
Strategic Initiatives / Local Overtime
Reimbursement Request

OT RR

State / Local Agency: State/Local Agency
Sponsoring Federal Agency (SFA): Sponsoring Federal Agency (SFA)
HSTF or SI Case Number: HSTF
SFA Investigation Number: M5-24-0041
Operation Name: JOHNNY WALK THE LINE
SFA Reference Number (as needed): SFA Reference/Invoice Number
TIO/Document/Invoice/Obligation

Administrative or Financial Contact (POC): Ashley Escalante, Grant Accountant
Administrative or Financial Contact (POC) Telephone: 956-381-2511 Ext. 4658 Email: ashley.escalante@auditor.co.hidalgo.tx.us

Billing Period for which Reimbursement is Requested (One full month per request)	From:		To:	
Total Number of Officers Claiming Overtime*:		Amount Requested Overtime *:		0.00
Total Number of Overtime Hours Claimed for All Officers*:	0.00	Authorized Expenses*:		0.00
		TOTAL*:		0.00

*Note – Total OT Hours, Amount Requested for Overtime & Authorized Expenses, and the TOTAL will calculate when Page 2 is completed.

This invoice is not considered complete until all necessary signatures are obtained, and the invoice is received by the Sponsoring Federal Agency Budget Unit.

In accordance with the executed State/Local Agreement, reimbursement is hereby requested for overtime and/or pre-authorized expenses for 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 $22,377. I further certify that the funds requested are for overtime and/or pre-approved travel incurred by the officer(s) identified in the Agreement for work on the cited HSTF 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.

FBI personnel only check here: ☐ *Signatures will be approved virtually via IPP Systems for FBI sponsored cases.

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

Certified: _____ _____ _____
Sponsoring Federal Agency Group/Squad Supervisor Signature* | Print Name | Date
*By signing, the case supervisor confirms the hours reported were in support of referenced case.

Approved: _____ _____ _____
Sponsoring Federal Agency Regional Coordinator Signature* | Print Name | Date
* By signing, the RC confirms proper funds are allocated & all officers are on Case and Officer Participants Form (COP).

Overtime Costs and Authorized Expenses Log

(must fill out completely)

HSTF or SI Case Number: HSTF or SI Case Number

State/Local Agency: State/Local Agency

Current Billing Period - FROM: _____ TO: _____

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 page 1 of the Reimbursement Request.

		A	B	C	D	E	F	G	H Must NEVER be Zero
	State/Local Agency Employee Full Name First Name | Last Name as listed on agency payroll, **NO NICKNAMES**	**Regular Hours Worked on HSTF Case/ Strategic Initiative**	**Overtime Hours Worked on HSTF Case/ Strategic Initiative**	**Officer's Overtime Rate[1]**	**ONLY Pre-Approved Authorized Expenses Claimed for Billing Period (Detail on Sup Form[2])**	**HSTF Overtime Amount Claimed for this Billing Period**	**Other Federal Overtime Earned[3] this Fiscal Year[4]**	**Cumulative HSTF Overtime Charged (Excluding this Billing Period[5])**	**Cumulative[6] Overtime Charged from all Federal Sources this Fiscal Year[7] E+F+G=H**
1						0.00			0.00
2						0.00			0.00
3						0.00			0.00
4						0.00			0.00
5						0.00			0.00
6						0.00			0.00
7						0.00			0.00
8						0.00			0.00
9						0.00			0.00
10						0.00			0.00
11						0.00			0.00
	Total Pg 2:	0.00	0.00		0.00	0.00			0.00
	Total: Pg 3: (If needed)	0.00	0.00		0.00	0.00			0.00
	Grand Total:	0.00	0.00		0.00	0.00			0.00

1 If an Officer has multiple Overtime Rates, list each rate and corresponding hours on separate lines with the rate that matches payroll for each line, do not average or alter rates.
2 When Authorized Expenses are Pre-Approved additional information is needed: Approval, Details and Receipts for Expenses items - Reach out to HSTF.JLEO@usdoj.gov for Supplemental Form.
3 Other Federal Overtime Earned is overtime earned from ALL non-HSTF Federal Sources (such as Safe Streets, HIDTA, HSI, FEMA, etc.).
4 Fiscal Year is from October 1st – September 30th.
5 Column G (Cumulative HSTF Overtime) must include all FY27 SILO, minus the current billing period.
6 Column H (Cumulative Federal Overtime) must never be blank as it will include the current billing period.
7 This amount cannot exceed $22,377 in FY27 (25% of the current Federal salary rate in effect) - Reach out to HSTF.JLEO@usdoj.gov for Cap Waiver Form.

Overtime Costs and Authorized Expenses Log

(must fill out completely)

HSTF or SI Case Number: HSTF or SI Case Number

State/Local Agency: State/Local Agency

Current Billing Period - FROM: _____ TO: _____

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 page 1 of the Reimbursement Request.

		A	B	C	D	E	F	G	H
	State/Local Agency Employee Full Name (as listed on agency payroll, NO NICKNAMES)	**Regular Hours Worked on HSTF Case/ Strategic Initiative**	**Overtime Hours Worked on HSTF Case/ Strategic Initiative**	**Officer's Overtime Rate[1]**	**ONLY Pre-Approved Authorized Expenses Claimed for Billing Period (Detail on Sup Form)[2]**	**HSTF Overtime Amount Claimed for this Billing Period**	**Other Federal Overtime Earned[3] This Fiscal Year[4]**	**Cumulative HSTF Overtime Charged (Excluding this Billing Period[5])**	**Cumulative[6] Overtime Charged from all Federal Sources this Fiscal Year[7] E+F+G=H** (Must NEVER be Zero)
12						0.00			0.00
13						0.00			0.00
14						0.00			0.00
15						0.00			0.00
16						0.00			0.00
17						0.00			0.00
18						0.00			0.00
19						0.00			0.00
20						0.00			0.00
21						0.00			0.00
22						0.00			0.00
23						0.00			0.00
24						0.00			0.00
25						0.00			0.00
	Total Page 3:	0.00	0.00		0.00	0.00			0.00

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