

**INSTRUCTIONS  
REQUEST FOR REIMBURSEMENT LC-07 (01-18)  
FOR  
APPALACHIA HIDTA PROGRAM**

**WHERE TO SEND REQUEST**

All requests for advances and reimbursements are to be sent to your state coordinator:

Daren Atkins  
KY State Coordinator  
Appalachia HIDTA  
400 S. Main St., 3<sup>rd</sup> Fl.  
London, KY 40741

Monty Houk  
TN State Coordinator  
Appalachia HIDTA  
9724 Kingston Pike  
Knoxville, TN 37922

Kenny Burner  
WV State Coordinator  
Appalachia HIDTA  
1108 3<sup>rd</sup> Avenue Suite 101  
Huntington, WV 25701

Jason Miles  
VA State Coordinator  
Appalachia HIDTA  
1104 Maple Hill Road  
Jonesville, VA 24263

Note:

**If you are requesting reimbursement for expenditures for one of the investigative task forces, forward your request for reimbursement to the task force commander first.** The task force commander will review the LC-07 form and forward on to the State Coordinator for payment processing.

**PAYMENT PROCESSING SCHEDULE**

Requests for reimbursements should be submitted for processing on a monthly basis and no more than on a quarterly basis. The requests should be submitted no later than 30 days past the end of the month or quarter. **Final reimbursements for each calendar year are due 60 days after the end of the year.**

**PAYMENT METHODS**

The Financial Commission for Appalachia HIDTA offers two disbursement methods: ACH's or regular checks. ACH is available for recipients who desire to receive payment electronically to their bank. To indicate to us that your agency is requesting an ACH, complete item #8. Include the Account Number and Routing Transit Number of the bank your agency desires funds be deposited on this line.

If item # 8 is not completed, this will indicate to us that you desire to have a regular check. The check will be mailed to address you indicate in line 3 of the LC-07 form.

### HOW TO REQUEST FOR A REIMBURSEMENT:

To request a reimbursement, the recipient must submit a **REQUEST FOR REIMURSEMENT (FORM LC-07)** that indicates how the expenditures have been allocated. Appropriate copies of supporting documentation (i.e. cancelled invoices and payroll registers) must be attached to this form. Note: All supporting documentation must be separated into groups according to account code. A cover sheet should be attached to the group of invoices indicating which account code the invoices represent and an adding machine tape should be attached that reflects a total that matches the requested amount on the Form LC-07. Reimbursement requests should be made only for items that are in your agency's approved budget.

### REQUEST FOR EQUIPMENT PURCHASES:

If your Form LC-07 includes request for reimbursement for equipment purchases, we will require that you attach a copy of the AH-01 form (Appalachia HIDTA Property Receipt Form) with your request. *If this form is not attached to your request then the request cannot be processed.*

### LINE BY LINE INSTRUCTIONS:

ITEM #	INSTRUCTIONS
1.	Please give agency name as listed in the ONDCP HIDTA budget.
2.	Please give the name of the person in charge of preparing the request for advance or reimbursement for your agency.
3.	Give the address that all correspondences regarding HIDTA should be sent.
4a.	The HIDTA Grant # for 2017 is G17AP0001A.
4b.	Please number your requests sequentially using any system that works best for you.
5.	Budgets for all agencies are broken down into initiatives. Refer to your budget to verify which initiative your agency has money budgeted. Indicate on this line the proper initiative for which you are requesting reimbursement. A separate form LC-07 is required for each initiative.
6.	Indicate the budget year this request is made for (i.e. Calendar Year 2017 budget).
7.	Enter the month, day, and year for the beginning and ending of the period covered in this request. Once a request for a particular period has been requested that same period should not be requested again without written justification.
8.	If your agency prefers that their money be sent by ACH to their bank account, this item must be completed with your agency's Bank Account Number and Routing Transit Number.
9. (a – i)	Insert the proper account number and amount for the expenditures you are requesting. The account numbers are forwarded to your agency each year along with the sub-grant agreement, and are revised each time a budget reprogramming is completed.
	This form must be signed and dated by an authorized certifying official for the requesting agency.