## Appalachia HIDTA

AH-10 (Rev. 02/20)

Purchase of Evidence/Information-Reimbursement Request Form					
(Attach this form to completed LC-07 for re	imbursement processing.)				
Task Force Name:		The state of the s			
Agency to be Reimbursed:		S.F.VIIGO			

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					Quantity			
Date	Casa #	CI#	Detective Name	List Type of Evidence	of Evidence	Evidence \$ Amount	Info/Outlay \$ Amount	Total \$ Amount
Date	Case #	CI#	Name	Evidence	Evidence	3 Allioulit	3 Alliount	3 Allioulit
				Total Reimbursement Amount				
CERTIFICATION: As the Task Force Commander, I certify that the above listed monies were spend for Purchase of Evidence and							nd/or	
	Information toward the furtherance of AHIDTA narcotics investigations and were spent in accordance to agency policies.							
Task Force Commander:								