



**DRE CALL OUT REIMBURSEMENT CLAIM - LAW ENFORCEMENT OVERTIME**

**2 COPIES WITH ORIGINAL SIGNATURES MUST BE SUBMITTED**

Email: [www.highwaysafety.ky.gov](http://www.highwaysafety.ky.gov) Phone: (502) 564-1438

Send To: Kentucky Office of Highway Safety  
Division of Highway Safety Programs  
200 Mero Street, 4th floor  
Frankfort, Kentucky 40622

Claim #: \_\_\_\_\_

Select claim type :  Progress  Final

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prepared By: \_\_\_\_\_ Telephone: \_\_\_\_\_

Grant Name: Highway Safety

Grant Number: M5-21-31 CFDA # \_\_\_\_\_

Claim Period From: \_\_\_\_\_ (m/d/yyyy) To: \_\_\_\_\_ (m/d/yyyy)

<u>Cost Categories</u>	<u>Actual Cost</u>	<u>Match Amount</u>	<u>Federal Amount</u>
Salaries & Benefits	_____	_____	_____
Travel (KY Life Savers)	_____	_____	_____
Fuel Costs	_____	_____	_____
Equipment	_____	_____	_____
Total	_____	_____	_____

I certify that actual costs claimed have been incurred for the purposes specified in this Highway Safety Project and that the original documentation to support these costs is available. I understand that unsupported costs will be charged against this project at time of audit.

\_\_\_\_\_  
Project Director (please print)

\_\_\_\_\_  
Project Director's Signature

\_\_\_\_\_  
Date

FOR INTERNAL USE ONLY	
Program Manager Approval	_____
Financial Manager Approval	_____



Kentucky Transportation Cabinet  
Division of Highway Safety Programs

TC 35-17  
10/2020

[www.highwaysafety.ky.gov](http://www.highwaysafety.ky.gov)

**DRE OFFICERS DETAIL LOG**

Phone: (502)564-1438

Grant Name:	<u>Highway Safety</u>	Grant Number:	<u>M5-21-31</u>
Agency Name:	_____	Odometer Start:	_____
Date:	_____	Odometer End:	_____
Time Beginning	_____	Time Ending	_____
		Total Hours Worked	_____

Suspect Name:

\_\_\_\_\_

Arresting Agency:

\_\_\_\_\_

Location Of The Evaluation or Court Date:

\_\_\_\_\_

Description of the Evaluation or Court Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Activity Logs MUST be attached to Overtime Worksheet before reimbursement can be processed

\_\_\_\_\_  
DRE Officer's Name: (please print)

\_\_\_\_\_  
DRE Officer's Signature

\_\_\_\_\_  
Supervisor's Name: (please print)

\_\_\_\_\_  
Supervisor's Signature

**Signed Hard Copy MUST be submitted**