## OSSA HVE Event Report, 2016-2017 DUII Grant

CFDA #20.616, M6X-17-12-21

**County:** | **Event:** | **Date(s):**

| | | | | | Grant Overtime Stats | | | | | | | | | | DRE Involvement | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Deputy Last Name | Hours | Rate | Reimbursed Amount | DUII-Alcohol | DUII-Drug | DWS | MIP | Speed | Seat Belt | Cell Phone | Other | Warn | Felony Warr. | Alcohol DUII, no DRE | Arrest Deputy is DRE | DRE not request | DRE req/ partic. | DRE req, not avail. |
| | | | | $ 0.00 | | | | | | | | | | | | | | | |
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| | | | | $ 0.00 | | | | | | | | | | | | | | | |
| | | | | $ 0.00 | | | | | | | | | | | | | | | |
| | | | | $ 0.00 | | | | | | | | | | | | | | | |
| | | 0 | | $ 0.00 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

X _____

*Authorized Signature* | *Title* | *Print Name* | *Date*

***By my signature I verify the accuracy of this claim. Payroll records supporting this claim will be available for a minimum of three years.***