



FLORIDA'S DOMESTIC MARIJUANA ERADICATION PROGRAM REIMBURSEMENT REQUEST FOR DME INVESTIGATION



This is to advise our agency, _____
(Print name of Sheriff's Office or Police Department)

has completed the following Domestic Marijuana Eradication (DME) Investigation and request for reimbursement as detailed below:

- Date(s) of DME Investigation & Case Number: _____
- Number of Plants Eradicated During Investigation: _____
- Total Expenditures for DME Investigation: _____
- Amount of Reimbursement Requested: _____
- Number of Aircraft Hours Used (if applicable): _____
- Description of Aircraft* (if applicable): _____
- Amount Requested for Aircraft Reimbursement* (if applicable): _____

(*NOTE: IN ORDER TO BE ELIGIBLE FOR REIMBURSEMENT FOR AIRCRAFT EXPENSES, AGLAW MUST HAVE RECEIVED PRIOR NOTIFICATION OF THE AERIAL MISSION, THE AIRCRAFT SUPPORT INFORMATION FORM MUST BE ON FILE WITH AGLAW, AND REIMBURSEMENT REQUESTS MUST BE FILED WITHIN 10 DAYS AFTER THE LAST DATE OF THE MISSION.) OTHER REQUESTS MUST BE FILED WITHIN 60 DAYS OF THE LAST DATE OF THE INVESTIGATION.

**FLORIDA'S DOMESTIC MARIJUANA FIELD SUMMARY
MUST ACCOMPANY THIS REIMBURSEMENT REQUEST**

AUTHORIZED SIGNATURE / CERTIFICATION OF REIMBURSEMENT REQUEST:

I CERTIFY THE ABOVE INFORMATION/REQUEST TO BE COMPLETE AND ACCURATE. ALL SUPPORTING DOCUMENTATION WILL BE MAINTAINED IN ACCORDANCE WITH FLORIDA STATUTE 119.041 AND AVAILABLE FOR REVIEW BY THE OFFICE OF AGRICULTURAL LAW ENFORCEMENT (AGLAW).

TOTAL EXPENDITURE: \$ _____ REQUESTED REIMBURSEMENT: \$ _____

AGENCY NAME: _____

AGENCY ADDRESS: _____

AGENCY FEDERAL I.D. NUMBER: _____

PRINT NAME: _____ SIGNATURE: _____

DATE: _____ CONTACT TELEPHONE NUMBER: _____

Please submit to AgLaw by FAX at (850) 245-1330 or E-mail to ivestej@doacs.state.fl.us