

ALAN M. ARAKAWA
Mayor



JOHN D. KIM
Prosecuting Attorney

RECEIVED

ROBERT D. RIVERA
First Deputy Prosecuting Attorney

2017 OCT 20 PM 3:23

DEPARTMENT OF THE PROSECUTING ATTORNEY
COUNTY OF MAUI
150 South High Street
WAILUKU, MAUI, HAWAII 96793
PHONE (808) 270-7777 • FAX (808) 270-7625

OFFICE OF THE
COUNTY CLERK

October 19, 2017

m
Ms. Lynn A.S. Araki-Regan
Budget Director, County of Maui
200 South High Street
Wailuku, Hawaii 96793

Honorable Alan M. Arakawa
Mayor, County of Maui
200 South High Street
Wailuku, Hawaii 96793

APPROVED FOR TRANSMITTAL

John D. Kim 10/20/17

Mayor Date
ACTING MAYOR
COUNTY OF MAUI

For Transmittal to:

Honorable Michael White, Chair
and Members of Maui County Council
200 South High Street
Wailuku, Hawaii 96793

Dear Chair White:

SUBJECT: NOTIFICATOIN FOR EXPENDITURE OF FORFEITURE FUNDS

The Department of the Prosecuting Attorney has forfeiture funds available from the State of Hawaii Asset Forfeiture Program, which is distributed from the Criminal Forfeiture (320N) Account, pursuant to Section 712A-16(2)(b), HRS. These funds were obtained through the Department's enforcement efforts and must be used only for law enforcement purposes and not to supplant the law enforcement resources of the local agency.

We are working with the Department of Finance to clear our prior year's expenditures under travel and training. In order to clear this account, we are informing you of our intent to use \$3,440.78 of our Federal Forfeiture Trust & Agency fund to reimburse travel related expenditures incurred in June of FY17.

If you have any questions or require further information, please contact me at 270-7632.

Sincerely,
John D. Kim
JOHN D. KIM
Prosecuting Attorney

COUNTY COMMUNICATION NO. 17-423



COUNTY OF MAUI
DEPARTMENT OF FINANCE
DEMAND REQUEST FORM

Date of Request: 8/31/17

Demand of Prosecutors - T&A Federal Asset Forfeiture on the
DEBIT DEPARTMENT/DIVISION
Prosecutors - Federal Expenditure Account of the COUNTY OF MAUI, State of Hawaii,
CREDIT DEPARTMENT/DIVISION
for the sum of \$ 3,440.78 **(AP)** DOLLARS.

Detail of costs to be transferred:

DEBIT (Index/Sobj)	CREDIT (Index/Sobj)	Post Date	Reference Number	Description	Amount
716367/2215	166836/3731			close out Federal expenditures	\$ 3440.78 (AP)

Justification: Briefly explain why was this expense charged originally to the GL code from which it is now being transferred and why should this charge be transferred to the proposed GL code. Please attach additional pages if necessary.

expenditures FY17 under federal funds asset forfeiture:
 TV85973 839.20 **(AP)** TV86306 460.55 **(AP)**
 TV85971 475.09
 TV85972 934.01 **(AP)**
 shortfall as of 8/31/17 in 166836 \$731.93
 Please debit T&A account and credit holding account to zero out index

I hereby certify that the above claim is correct and just in every respect, and that the payment therefore has not been received.

REQUESTED BY:

Ashley Tang / Ashley Tang 9/1/17
 Department Head (Name/Signature) Date

APPROVED BY:

Wendy Nobrega / Wendy Nobrega 9/1/17
 Department Head for "To" or Authorized Designee (Name/Signature) Date

FY18

COUNTY OF MAUI
TRAVEL ORDER FORM

PR# T 86306
Traveler's Name: Richard Minatova BU: EM PE ID#: E011258
Department/Division: PROS-Asset forfeiture Index Code: 460806
Contact Person: Ashley Phone: 2071655 9061568
Purpose: (Attach agenda and/or conference brochure): NDAAs Summer Summit -
Reducing Violence & Exploitation

Date 6-23-17 ADVANCE PAYMENT REQUESTED

AIR FARE	From	To	Date	Flight	LV Time	ARR Time
	<u>Ogg</u>	<u>ORD</u>	<u>7/13-7/14</u>	<u>165/218</u>	<u>1203p</u>	<u>500 A</u>
	<u>ORD</u>	<u>MSP</u>	<u>7/14</u>	<u>1931</u>	<u>610a</u>	<u>736A</u>
	<u>MSP</u>	<u>SFO</u>	<u>7/19</u>	<u>1999</u>	<u>715A</u>	<u>915A</u>
	<u>SFO</u>	<u>Ogg</u>	<u>7/19</u>	<u>41</u>	<u>1020A</u>	<u>1245P</u>

Carrier/Travel Agent: Hawaiian and United PE ID#: _____
Explain if departure or return is by personal preference or if fare is by coupons or other pertinent info:

Subsubject Code..... #6201 Cost: \$ 990.69

GROUND TRANS: Mode: _____ Dates: _____ City Pickup/Drop-off: _____

Subsubject Code..... #6201 Estimated Quote: \$ _____

PER DIEM: Number of Quarters: 26 Quarterly Per Diem Rate: \$ 36.25

Non Reportable.....#6222	\$ _____	7/13-3
Taxable and/or Reportable		7/14-4
Non-overnight/Meal allow.....#6226	\$ _____	7/15-4
Mainland Non-Taxable.....#6223	\$ <u>942.50</u>	7/16-4
Mainland Taxable.....#6252	\$ _____	7/17-4
Travel Package Adjustment	\$ _____	7/18-4
		7/19-3
		<u>942.50</u>

PER DIEM AMOUNT (Attach Out of State Per Diem Request Form if applicable)
FEEES: Payee: NDAAs (Instruction) PE ID# Paid PCard ✓
(Attach conference/registration form) Subsubject Code.....#6230 \$ 550.00 Federal Funds

OTHER: Payee: _____ PE ID# _____
Purpose _____ Subsubject Code# _____ \$ _____

Date: 8-14-17 REQUEST FOR POST TRAVEL REIMBURSEMENT
(With Related Receipts Attached)

EXCESS LODGING: Actual Expense: \$ 822.15 Less Lodging Allowance: <\$ 425.00
Excess Lodging Reimbursement Request Subsubject Code #6222 \$ 397.15

GROUND TRANS-PORTATION: Actual Expense: 38.40 Subsubject Code.....#6201 \$ 38.40

OTHER EXPENSE: Actual Expense for: Baggage \$ 25.00
\$ 163.40

Total Other Expense Subsubject Code.....# _____ \$ 25.00

TOTAL REQUEST FOR REIMBURSEMENT \$ 422.15
paid 460.55 460.55

Requester: Blumenthal 6-23-17 Director of Finance: _____
Department Head: [Signature] 6-28-17 Purchasing Agent: [Signature]
Department Head: _____ Mayor: _____
(Post Travel)

**COUNTY OF MAUI
TRAVEL ORDER FORM**

85973

Traveler's Name: Leanne Rivera BU: _____ PE ID#: E000360
 Department/Division: PROS-Asset Forfeiture Index Code: 160806
 Contact Person: Ashley Phone: 2707655 9061568
 Purpose: (Attach agenda and/or conference brochure): Attend HxGN Live
Official conference dates 6/13-6/16 LV

Date 6-5-17 **ADVANCE PAYMENT REQUESTED**

AIR FARE	From	To	Date	Flight	LV Time	ARR Time
	<u>OGG</u>	<u>HNL</u>	<u>6/11</u>	<u>205</u>	<u>611A</u>	<u>647A</u>
	<u>HNL</u>	<u>LAS</u>	<u>6/11</u>	<u>6</u>	<u>750A</u>	<u>435p</u>
	<u>LAS</u>	<u>HNL</u>	<u>6/18</u>	<u>17</u>	<u>155A</u>	<u>505A</u>
	<u>HNL</u>	<u>OGG</u>	<u>6/18</u>	<u>116</u>	<u>611A</u>	<u>650A</u>

Carrier/Travel Agent: _____ PE ID#: _____
 Explain if departure or return is by personal preference or if fare is by coupons or other pertinent info:
Dep/Ret. times personal pref.
Airline p.pref - Hawaiian Airlines (cheapest airline \$758)
 Subsubject Code..... #6201 Cost: \$ 927.93

GROUND TRANS: Mode: _____ Dates: _____ City Pickup/Drop-off: _____
 Subsubject Code..... #6201 Estimated Quote: \$ _____

PER DIEM: Number of Quarters: 22 Quarterly Per Diem Rate: \$ 36.25

<u>6/12</u> 4	Non Reportable.....#6222	\$ _____
<u>6/13</u> 4	Taxable and/or Reportable	
	Non-overnight/Meal allow.....#6226	\$ _____
<u>6/14</u> 4	Mainland Non-Taxable.....#6223	\$ <u>797.50</u>
<u>6/15</u> 4	Mainland Taxable.....#6252	\$ _____
<u>6/16</u> 4	Travel Package Adjustment <u>(1201)</u>	\$ <u>-169.93</u>
<u>6/17</u> 2		

Official travel
6/12 (FH. 6:11A - 4:35p)
6/17 (FH. 155A - 650A)

PER DIEM AMOUNT
 (Attach Out of State Per Diem Request Form if applicable)

\$ 627.57

FEES: Payee: _____ PE ID# _____
 (Attach conference/registration form)
 Subsubject Code..... #6230 \$ 618.17

V# 01228040

OTHER: Payee: _____ PE ID# _____
 Purpose _____ Subsubject Code# _____ \$ _____

Date: 8/18/17 **REQUEST FOR POST TRAVEL REIMBURSEMENT**
 (With Related Receipts Attached)

EXCESS LODGING: Actual Expense: \$ 1038.57 Less Lodging Allowance: <\$ 425.00>
 Excess Lodging Reimbursement Request Subsubject Code #6222 \$ 589.75

539.20
613.57
589.75

GROUND TRANS-PORTATION: Actual Expense: _____ Subsubject Code..... #6201 \$ _____

OTHER EXPENSE: Actual Expense for: _____ \$ _____
 _____ \$ _____

paid 589.20
9/28/17
V# 01238149

Total Other Expense Subsubject Code:.....# _____ \$ _____

TOTAL REQUEST FOR REIMBURSEMENT

\$ 613.57

Requester: Ashley 6-5-17 Director of Finance: _____
 Department Head: _____ Purchasing Agent: _____
 (Advance Request) Department Head: _____ Mayor: _____
 (Post Travel)

**COUNTY OF MAUI
TRAVEL ORDER FORM**

35971

Traveler's Name: Wendy Nobrega BU: _____ PE ID#: E010009
 Department/Division: PROS - ASSET Forfeiture Index Code: 466836
 Contact Person: Ashley Phone: 2707655 9061568
 Purpose: (Attach agenda and/or conference brochure): Attend HxGN live Official Conference dates 6/13 - 6/16 LU AP

Date 6-5-17 **ADVANCE PAYMENT REQUESTED**

AIR FARE	From	To	Date	Flight	LV Time	ARR Time
	<u>OAG</u>	<u>HNL</u>	<u>6/16</u>	<u>375</u>	<u>7270</u>	<u>8040</u>
	<u>HNL</u>	<u>LAS</u>	<u>6/16</u>	<u>8</u>	<u>1040P</u>	<u>720A</u>
	<u>LAS</u>	<u>HNL</u>	<u>6/17</u>	<u>17</u>	<u>155A</u>	<u>505A</u>
	<u>HNL</u>	<u>OAG</u>	<u>6/17</u>	<u>156</u>	<u>720A</u>	<u>758A</u>

Carrier/Travel Agent: _____ PE ID#: _____
 Explain if departure or return is by personal preference or if fare is by coupons or other pertinent info:
Airline personal pref - Hawaiian (Cheapest airline \$758.)
Dep./Ret. flight times personal pref.

Subsubject Code.....#6201 Cost: \$ 809.72

GROUND TRANS: Mode: _____ Dates: _____ City Pickup/Drop-off: _____

Subsubject Code.....#6201 Estimated Quote: \$ _____

PER DIEM: Number of Quarters: 22 Quarterly Per Diem Rate: \$ 36.25

6/12 - 4 Non Reportable.....#6222 \$ _____
 6/13 - 4 Taxable and/or Reportable
 6/14 - 4 Non-overnight/Meal allow.....#6226 \$ _____
 6/15 - 4 Mainland Non-Taxable.....#6223 \$ 797.50
 6/16 - 4 Mainland Taxable.....#6252 \$ _____
 6/17 - 2 Travel Package Adjustment (011) \$ -51.72

Official Travel
6/12 (fl. 6:11-4:35p)
6/17 (fl. 1:55A-7:58A)

PER DIEM AMOUNT
 (Attach Out of State Per Diem Request Form if applicable)

\$ 745.78
 ✓ # 01228023
 \$ 6/8/17

FEES: Payee: _____ PE ID# _____

(Attach conference/registration form)
 Subsubject Code.....#6230

OTHER: Payee: _____ PE ID# _____

Purpose _____ Subsubject Code# _____ \$ _____

Date: 8/8/17

REQUEST FOR POST TRAVEL REIMBURSEMENT
 (With Related Receipts Attached)

Employee had
 player card discount
 on the room price

EXCESS LODGING: Actual Expense: \$ 900.09 Less Lodging Allowance: <\$ 425.00 >

Excess Lodging Reimbursement Request Subsubject Code #6222 \$ 475.09

GROUND TRANSPORTATION: Actual Expense: _____ Subsubject Code.....#6201 \$ _____

OTHER EXPENSE: Actual Expense for: _____ \$ _____
 _____ \$ _____

Total Other Expense Subsubject Code.....# _____ \$ _____

TOTAL REQUEST FOR REIMBURSEMENT

paid 475.09
01228142
9/28/17
 \$ 475.09

Requester: Ashley 6-5-17
 Department Head: _____
 (Advance Request)
 Department Head: _____
 (Post Travel)

Director of Finance: _____
 Purchasing Agent: _____
 Mayor: _____

475.09 1115-18

**COUNTY OF MAUI
TRAVEL ORDER FORM**

85972
PR# T
PE ID# E010909 X

Traveler's Name: Joan Gascon BU: 5
 Department/Division: PROS- ASSET Forfeiture Index Code: 166836
 Contact Person: Ashley Phone: 2707655 9061568
 Purpose: (Attach agenda and/or conference brochure): Attend HXGN LIVE
Official Conference dates 6/13 - 6/16 LV

Date 6-5-17 **ADVANCE PAYMENT REQUESTED**

AIR FARE	From	To	Date	Flight	LV Time	ARR Time
	<u>OGG</u>	<u>HNL</u>	<u>6/11</u>	<u>206</u>	<u>611A</u>	<u>647A</u>
	<u>HNL</u>	<u>LAS</u>	<u>6/11</u>	<u>6</u>	<u>750A</u>	<u>435P</u>
	<u>LAS</u>	<u>HNL</u>	<u>6/17</u>	<u>17</u>	<u>155A</u>	<u>505A</u>
	<u>HNL</u>	<u>OGG</u>	<u>6/17</u>	<u>116</u>	<u>611A</u>	<u>650A</u>

Carrier/Travel Agent: _____ PE ID#: _____
 Explain if departure or return is by personal preference or if fare is by coupons or other pertinent info:
Dep. for personal pref.

Airline per pref. - Hawaiian Air (Cheapest airline \$758)
 Subsubject Code..... #6201 Cost: \$ 806.22

GROUND TRANS: Mode: _____ Dates: _____ City Pickup/Drop-off: GA
 Subsubject Code..... #6201 Estimated Quote: \$ 70

PER DIEM: Number of Quarters: 22 Quarterly Per Diem Rate: \$ 36.25
 6/12-4 Non Reportable.....#6222 \$ _____
 6/13-4 Taxable and/or Reportable
 6/14-4 Non-overnight/Meal allow.....#6226 \$ _____
 6/15-4 Mainland Non-Taxable.....#6223 \$ 797.50
 6/16-4 Mainland Taxable.....#6252 \$ _____
 6/17-2 Travel Package Adjustment 111 \$ -48.22

Official Travel
 6/12 (ft. 6.11A - 4.35P)
 6/17 (ft 1.55A - 7.58A)

PER DIEM AMOUNT
 (Attach Out of State Per Diem Request Form if applicable)
 \$ 749.28 ✓

FEES: Payee: _____ PE ID# 01227974
 (Attach conference/registration form) Subsubject Code.....#6230 \$ 61817

OTHER: Payee: _____ PE ID# _____
 Purpose _____ Subsubject Code# _____ \$ _____

Date: 8/8/17 **REQUEST FOR POST TRAVEL REIMBURSEMENT**
 (With Related Receipts Attached)

EXCESS LODGING: Actual Expense: \$ 1032.90 Less Lodging Allowance: \$ 425.00 >
 Excess Lodging Reimbursement Request Subsubject Code #6222 \$ 810.85
~~584.75~~

GROUND TRANS-PORTATION: Actual Expense: 123.16 Subsubject Code.....#6201 \$ 123.16

OTHER EXPENSE: Actual Expense for: _____ \$ 123.16
 _____ \$ _____

Total Other Expense Subsubject Code.....# _____ \$ 123.16

TOTAL REQUEST FOR REIMBURSEMENT
 \$ 934.01
~~1129.91~~
~~(731.06)~~

paid #01238103 dated 9/28/17

Requester: Ashley 6-5-17
 Department Head: _____
 (Advance Request)
 Department Head: _____
 (Post Travel)

Director of Finance: _____
 Purchasing Agent: _____
 Mayor: _____