

SEARCH & RESCUE VOLUNTEER REIMBURSEMENT INVOICE

Date: _____ Occupation: SEARCH AND RESCUE VOLUNTEER

Payee: _____ City/State/Zip _____

Address: _____ FD ID or SS# _____

Phone: _____

Signature: _____

Date and Brief Description of Search or Rescue Mission (**Must be completed and have the date**)

REIMBURSEMENT FOR MILEAGE (For mileage & Per Diem request only)

Vehicle Description _____ Make _____ Model _____ License # _____

Beginning Mileage _____ Ending Mileage _____ Total _____

FUEL REIMBURSEMENT (Missions)

SAR Incident Number(s) ____/____/____; ____/____/____

Fuel-Gallons Used _____ Cost _____

Oil-Quarts Used: _____ Cost _____

Cell phone (\$50.00 maximum per incident) Incident Commanders only

ORIGINAL RECEIPTS MUST BE INCLUDED WITH INVOICE

Total:

Incident Commander / Team Leader Signature: _____

FOR DEPARTMENT USE ONLY

Fund 12801

Department Code 4030200000

Reporting Category 400037

I certify that the payee specified herein, to the best of my knowledge, is legally entitled to receive the money transmitted herewith and that no part thereof has already been transmitted.

By: _____ Date: _____
Director, Search and Rescue

MAIL THIS FORM & W-9 TO:

SEARCH AND RESCUE
P.O. BOX 1628
SANTA FE, NM 87504-1628