

SEARCH & RESCUE VOLUNTEER REIMBURSEMENT INVOICE

MISSIONS ONLY

Date: _____

Occupation: SEARCH AND RESCUE VOLUNTEER

Payee: _____ Address: _____

City/State/Zip: _____ SHARE VENDOR ID OR FD ID: _____

Daytime Phone: _____ Email Address _____

Signature: _____

DATE and **BRIEF** Description of Search or Rescue Mission (**Must be completed and have the date**) _____

SAR Incident Number(s) Fuel-Gallons Used: _____ Cost _____

Mission 1: _____ - _____ - _____ Oil-Quarts Used: _____ Cost _____

Mission 2: _____ - _____ - _____

Mission 3: _____ - _____ - _____

Total:

Vehicle Description _____ Make _____ Model _____ License# _____

ORIGINAL RECEIPTS MUST BE INCLUDED WITH INVOICE

Attach Receipt Here using tape. If it does not fit or you have more than one receipt use a Separate Sheet of Paper.

DO NOT USE STAPLES !

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: _____

NMSP Director, Search and Rescue

MAIL THIS FORM TO:

(W9 only for new or Change of address)

SEARCH AND RESCUE
P.O. BOX 1628
SANTA FE, N.M. 87504 – 1628

FOR DEPARTMENT USE ONLY

Fund **12801**

Department Code **403020000**

Reporting Category **40037**