

SEARCH & RESCUE VOLUNTEER REIMBURSEMENT INVOICE

MISSIONS ONLY

Date: _____

Occupation: SEARCH AND RESCUE VOLUNTEER

Payee: _____ Address: _____

City/State/Zip: _____ SHARE SUPPLIER ID (NO SSN): _____

Daytime Phone: _____ Email Address _____

Signature: _____

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

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

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

Mission 2:SAR _____

Mission 3:SAR _____

Total:

Vehicle Description
Year _____ Make _____ Model _____ License# _____

ORIGINAL RECEIPTS MUST BE INCLUDED WITH INVOICE

All receipts must be attached to separate sheet(s) of unlined bond paper. Use clear tape and avoid covering any text on the receipts. Receipts must be orientated on the separate sheet in portrait mode; long side vertically orientated.

DO NOT USE STAPLES !

DO NOT ATTACHED RECEIPTS TO THIS FORM!

MAIL THIS FORM TO:

NMDPS/SEARCH AND RESCUE DIVISION
2501 CARLISLE BLVD NE
ALBUQUERQUE, NM 87110

FOR DEPARTMENT USE ONLY

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

Fund 12801

Department Code 403020001

Instructions for completing the SAR Mission Only Form

This form is to be used for gas and oil (actual) reimbursement for the usage of gasoline/diesel and oil actually used on SAR incidents or SAR training missions.

Form must be completed in ink (preferably in blue ink). No felt tip.

The actual receipt must be attached and included with this document when submitting reimbursement for gas and oil. Receipt should have the date, time and location of purchase.

1. Date: Date of SAR mission
2. Payee: The name of the individual requesting reimbursement. Name must match the name associated with the DPS provided Vendor ID number when requestor submitted the NM Substitute W-9.
3. Address/City/State/Zip: The remittance address of the requestor. Address must match the address associated with the DPS provided Vendor ID number when requestor submitted the NM Substitute W-9.
4. SHARE SUPPLIER ID: The DPS provided Share SUPPLIER ID. Do not enter Social Security Number of the requestor. If the SUPPLIER ID has not been provided, leave blank and submit a NM Substitute W-9 with this form.
5. Daytime Phone: Requestor's phone number
6. Email Address: Requestor's email address
7. Signature: Requestor's signature.
8. DATE and BRIEF Description of Search and Rescue Mission: A brief description of the incident with date. Description should contain date, generalized who and where the incident occurred. I.E. "1/1/14: Search for lost hunter near Datil NM."
9. SAR Incident Number(s): Enter the issued SAR mission number. Up to three missions may be included.
10. Fuel-Gallons Used: Enter the amount and cost per gallon. (should be on the receipt)
11. Oil-Gallons Used: Enter the amount and cost of oil used.
12. Total: Enter the total of all receipts.
13. Vehicle Description: Enter the Year, Make, Model and vehicle license number.
14. ORIGINAL RECEIPTS: Attach with clear tape on all sides (no staples). All receipts shall be placed on a separate unlined page in portrait orientation. Avoid putting tape on print since the tape fades and/or lifts the print from the receipt.

Leave the rest of this form blank. Once received by the SAR Director, the SAR Director will validate requestor's name against the NMSAR ICS 211 for actual participation.