

SEARCH & RESCUE VOLUNTEER REIMBURSEMENT INVOICE

TRAININGS AND APPROVED TRAVEL ONLY

Date: _____

Occupation: SEARCH AND RESCUE VOLUNTEER

Payee: _____ Address: _____

City/State/Zip: _____ SHARE VENDOR ID# (NOT SSN): _____

Daytime Phone: _____ Email Address: _____

Date, Location and **Brief Description** of Training: _____

Signature: _____

REIMBURSEMENT FOR MILEAGE

Vehicle Description

Year _____ Make _____ Model _____ License# _____

Beginning Mileage: _____ Ending Mileage: _____ Total _____ @ \$0.45 pm = _____

PER DIEM REIMBURSEMENT - AS APPROVED ONLY

Departed Home on Date _____ Time _____

Returned Home on Date _____ Time _____

Total 24 hour Days _____ @ \$85.00 per day / Special Area, Santa Fe \$135.00 per day Total _____

Partial Day Hours over 2 but less than 6 _____ \$12.00 Total _____

Partial Day Hours over 6 but less than 12 _____ \$20.00 Total _____

Partial Day Hours over 12 but less than 24 _____ \$30.00 Total _____

GRAND TOTAL

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

MAIL THIS FORM TO:

Department of Public Safety
Attn: SEARCH AND RESCUE
2501 Carlisle Blvd NE
Albuquerque, NM 87110

DEPARTMENT USE ONLY

Fund 12801

Department Code 403020001