

**SEARCH & RESCUE VOLUNTEER REIMBURSEMENT INVOICE**

**MISSIONS ONLY**

INVOICE #: SAR\_\_\_\_\_

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 copier 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 4220230000**

Rev. 7/10/23 dps/spc ops/

# 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. Invoice #: Enter the SAR Mission Number issued. If form is being used for multiple incidents, use the first SAR Mission Number listed. SAR Mission Number formats are "SARYY#####" where "YY" indicated the two-digit year of the incident and "#" indicated the number of the incident i.e. "SAR230000001"
2. Date: Date the form is being submitted
3. 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.
4. 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.
5. 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.
6. Daytime Phone: Requestor's phone number
7. Email Address: Requestor's email address
8. Signature: Requestor's signature.
9. 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."
10. SAR Incident Number(s): Enter the issued SAR mission number. Up to three missions may be included. SAR Mission Number formats are "SARYY#####" where "YY" indicated the two-digit year of the incident and "#" indicated the number of the incident i.e. "SAR230000001"
11. Fuel-Gallons Used: Enter the amount and cost per gallon. (should be on the receipt)
12. Oil-Gallons Used: Enter the amount and cost of oil used.
13. Total: Enter the total of all receipts.
14. Vehicle Description: Enter the Year, Make, Model and vehicle license number.
15. 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.