



# Beaverhead Search & Rescue – Incident Reimbursement Voucher

Incident Name \_\_\_\_\_ Incident Date \_\_\_\_\_

Member Name \_\_\_\_\_ Address \_\_\_\_\_

*Street address*

*City, State, Zipcode*

Start Time \_\_\_\_\_ End Time \_\_\_\_\_ Total Hours \_\_\_\_\_

Did you pull a trailer?  Yes  No POV Miles Driven \_\_\_\_\_

ATV, or Other Miles \_\_\_\_\_

Total miles \_\_\_\_\_

Multiply Total miles by the current state rate (\$0.555)

Total Mileage Cost Claimed \$ \_\_\_\_\_

Total Per Diem Charged for this Incident \$ \_\_\_\_\_

(\$6.00 Breakfast, \$8.00 Lunch, \$15.00 Dinner)

Misc. Costs or Purchases \$ \_\_\_\_\_

List and attach all receipts , list on another page if needed \_\_\_\_\_

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Total Reimbursement Claimed for this Incident \$ \_\_\_\_\_

***This form must be completed in its entirety to ensure full payment reimbursement to this member. Failure to supply all information and receipts will result in a non-payment.***

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved for payment by \_\_\_\_\_ Date \_\_\_\_\_

Please print and fax this form to the Search and Rescue Building 683-8730