



Wallowa County Sheriff's
SEARCH & RESCUE

Request for Reimbursement

Please submit all receipts with this reimbursement form.

General reimbursement			
Account or Team name	Description	Budget Item (yes/no)	Total \$ amount

Mileage reimbursement			
Date of incident or training	Name/Location of search or training	Round trip mileage	Total \$ @ .50 per mile
TOTAL AMOUNT to be reimbursed:			

I attest that all the above information provided is correct to the best of my knowledge.

Members printed name _____

Members signature _____

Date _____

Captian: _____

Treasurer: _____

Date: _____