

Name: _____ Total Reimbursement Due: \$ _____

GRAHAM COUNTY SHERIFF'S OFFICE
SEARCH AND RESCUE
MISSION FUEL REIMBURSEMENT

Mission Name: _____ Mission #: _____

Mission Date: _____ Check-In Time: _____ Check-Out Time: _____

Personal Vehicle Gasoline Diesel

Gallons Used:		Price per Gallon:	\$	Total Cost:	\$
Starting Mileage:		Ending Mileage:		Total Miles::	

Personal UTV Gasoline Diesel

Gallons Used:		Price per Gallon:	\$	Total Cost:	\$
Starting Mileage:		Ending Mileage:		Total Miles::	

Miscellaneous (REQUIRES PRIOR APPROVAL)

Item:	Cost: \$
Item:	Cost: \$
Item:	Cost: \$
Item:	Cost: \$

TOTAL Miles Accrued: _____ **TOTAL** Hours Accrued: _____

**Round your hours to the nearest half hour

SIGNATURE OF APPROVAL: _____