

EMERGENCY WORKER FUEL REIMBURSEMENT FORM

After responding to a mission, note the mileage driven related to the mission and the price of fuel that day or at your last fill up. All fuel will be reimbursed using a 10/mpg estimation and the check will be issued to the individual or group noted on the claimant line.

Turn this form into Cowlitz County SAR Council in the Department of Emergency Management. Checks will be issued as time allows and after an activity report is received showing participation in the mission.

Claimant Name (individual or group): _____

Emergency Worker # (if individual): _____

Date of Mission: _____ Mission #: _____

Miles Driven: _____ Fuel Cost per Gallon \$: _____

ATV Hours: _____ Fuel Cost per Gallon \$: _____

Optional:

Vehicle Make & Model: _____ License #: _____

For SAR Council use:

Reimbursement Formula: $\frac{\$0.10}{\text{MPG Estimation}} \times \frac{\text{Mileage}}{\text{Mileage}} \times \frac{\$}{\text{Fuel Price}} = \frac{\$}{\text{Total}}$

Date paid: _____ Amount: _____ Check #: _____