

I hereby certify that all expenses hereon have been paid in full and provide documentary evidence to support this application will retain original invoices and other documentation available for review for 3 (three) years following payment of this claim.

Typed or printed name of SAR POC: _____

Signature of SAR POC:

Date Submitted

SAR Contact Phone Number(s)

Typed or printed name of Sheriff or Designee

Signature of Sheriff or Designee

Mailing address for reimbursement

E-Mail for Sheriff's Office

E-Mail for SAR Organization

Please email this completed form to:

Montana DES

ATTN: Jake Ganieany (406) 417-9234

1956 Mt. Majo Street

PO Box 4789

Fort Harrison, MT 59636

email: Jake.Ganieany@mt.gov

Approved by SAR Program Manager:

Y

N

Date: _____