

Wyoming Search and Rescue Program
Instructions for completing reimbursement forms:

SAR Form 1, rev. 03/07

SAR Form 2, rev. 02/05

SAR Form 3, rev. 01/10

Refer questions to: Carol Luckenbach: (307) 777-4907, clucke@state.wy.us

SAR FORM 1:

- This form is a REIMBURSEMENT CLAIM SUMMARY Sheet. Please complete **one of these each year**. It lists the cumulative totals for all missions conducted in your county during the reimbursement period (April 1 – March 31).
- Fill this form out after you have completed all your SAR Form 2's.
- Carry over the totals from the bottom of each SAR Form 2 to a single line on SAR Form 1. Once you have listed costs from all your missions, total the columns.
- Do not complete the shaded areas of the form.
- Read the fine print on the form – those messages are your certification statements.
- Be sure to type names and sign as appropriate on the bottom of the form.

SAR FORM 2:

- This form is an INDIVIDUAL MISSION FINANCIAL SUMMARY Sheet. Please complete **one of these for EACH MISSION** you conducted during the reimbursement period (April 1-March 31).
- Even if a mission for which you requested a WOHS Mission Number did not cost you any money, go ahead and complete a form for the mission. Attach a copy of the narrative report. The narrative will be used to verify the accuracy of the statistics obtained by the county sheriff.
- Remember that you must reference a WOHS SAR Mission Number for each claim (County Identification Number). Reimbursement will not be issued for claims without mission numbers.
- Break each line on this form down by individual invoice/receipt. In other words, for any single line on the form, you will be listing only those expenses which appear on a single invoice/receipt.
- Once you have listed all the expenses associated with a single mission, total the columns and transfer the totals to SAR Form 1.
- For each SAR Form 2 that you complete, attach copies of:
 - All itemized invoices/receipts – Receipts must be legible and have date of purchase.
 - Proof of payment; i.e. county payment vouchers, expense reports, etc.
 - Narrative report for each mission
- If a particular invoice lists expenses for more than one mission, make copies of the invoice and attach a copy to each SAR Form 2 as necessary.
- Items purchased before or after missions and not directly related to the mission are not eligible for reimbursement. If invoice dates do not match mission dates, a written explanation must be provided.

SAR Form 3:

- This form is used for reporting equipment loss and damage. Please complete **one of these forms for EACH PIECE OF EQUIPMENT that is lost or damaged.**
- Provide a **detailed** description of the circumstances surrounding loss/damage.
- Requested insurance information must be provided.
- The **EQUIPMENT OWNER** must sign the certification at the bottom of the form.
- Incomplete forms will not be considered for reimbursement.

REIMBURSEMENT CLAIMS SUBMITTED ON OLD VERSIONS OF THE FORMS WILL NOT BE ACCEPTED
INCOMPLETE FORMS AND DOCUMENTATION MAY RESULT IN CLAIM BEING DENIED

Claim period: April 1 to March 31
MAIL YOUR COMPLETED REIMBURSEMENT PACKAGE BY MAY 1 TO:
*Carol Luckenbach, WOHS, 122 West 25th Street, Herschler Building First Floor East,
Cheyenne, WY 82002-0110*