



**Mission Narrative:**

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 President      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](mailto:Jake.Ganieany@mt.gov)

**Approved by SAR Program Manager:**    **Y**    **N**    **Date:** \_\_\_\_\_