

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

Approved by SAR Program Manager: **Y** **N** **Date:** _____