



MATTHEW H. MEAD
Governor

THE STATE OF WYOMING

Office of Homeland Security

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Fax (307) 635-6017
5500 Bishop Boulevard, Cheyenne, Wyoming 82002

REIMBURSEMENT CERTIFICATION

I hereby certify that all Search and Rescue expenses submitted for reimbursement from the Search and Rescue Council Fund from _____ County for the period April 1, 2016 through March 31, 2017 have been paid in full. Payment vouchers will remain on file at the Office of the County Clerk for 3 (three) years following payment of this claim.

I acknowledge that any expense denied by the council will be given the opportunity for an appeal as per the Search and Rescue Council Policies and Procedures.

Date: _____

Signature of sheriff: _____

Printed name of sheriff: _____

Contact name and phone # of packet preparer: _____