

Idaho State Search & Rescue Fund

Search for Reimbursement Application

Search #: _____ (county assigned number)

Date of Search: From: _____ until: _____

County Sheriff's office responsible for search coordination: _____

Total Number of Official Search Personnel: _____ Total Man Hours: _____

Private Vehicle Hours		@\$20.00 per hour <i>of actual use</i>	
Private Vehicle Miles		@\$0.655 per mile	
Private Snow Vehicle hours		@\$30.00 per hour <i>of actual use</i>	
Private ATV hours		@\$30.00 per hour <i>of actual use</i>	
Boat hours		@\$30.00 per hour <i>of actual use</i>	
Dog hours		@\$30.00 per hour	
Horse hours		@\$25.00 per hour	
Divers & Equipment hours		@\$45.00 per hour	
Drone		@\$35.00 per hour	
Meals		@\$15.00 per meal	
*Aircraft hours		Actual Cost	
*Rental Equipment (Itemize)		Actual Cost	
*Misc. Equipment (Itemize)		Actual Cost	
*Misc. Equipment (Itemize)		Actual Cost	
Total Cost of Search			
Less \$4,000.00 Maximum			(\$4,000.00)
Remainder for catastrophic Fund Reimbursement			

*** Must keep receipts for these items. Submit copies of receipts with reimbursement request.**

If this is a multi-jurisdictional search, enter the names of the other counties here.

All associated costs of this search are included in the above form.

I, _____, Sheriff of _____ County, Idaho, hereby certify the above charges are true and correct to the best of my knowledge and belief. I also certify that all monies have been or will be properly disbursed upon receipt for the above charges.

Sheriff: _____ Date: _____ County: _____

Preparer's Name: _____ Telephone: _____

Name of SAR Unit:

Type of Search: (Circle all that apply in table below):	Search Number:	
Search/Rescue for Snowmobile: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location:	
Subject #1 Name:	Time Notified	
SSN:	Time Found:	Date Found:
Address:	Time Returned:	Date Returned:
Phone number:	DOB	Location Found:
Height:	Weight:	Hair:
Eyes:	Total Miles of Search:	
Shoes:	Pants:	Coat:
Hat:	Total Man hours:	

Circle all of the categories that apply, (i.e., Hunter, ATV, Lost, Uninjured). This information is used to determine funding for the program.

	A	B	C	D
	01 Caver	01 4x4 Truck	01 Alzheimer	01 Deceased
	02 Climber	02 Aircraft Motorized	02 Broken Down	02 Injured
	03 Driver	03 Aircraft Non-Motorized	03 Geriatric	03 Uninjured
	04 Hiker	04 ATV (3 or 4 wheeler)	04 Lost	04 Unknown
	05 Hunter	05 Bicycle	05 Medical	05
	06 Juvenile	06 Boat, not powered	06 Motor Vehicle Crash	06
	07 Passenger	07 Boat, powered	07 Runaway	07
	08 Ranch Hand	08 Car	08 Stock	08
	09 Scuba Diver	09 Dune Buggy	09 Suicide	09
	10 Skier Alpine	10 Float Tube	10	10
	11 Skier Cross Country	11 Horse	11	11
	12 Swimmer	12 Motorcycle	12	12
	13 Walk away	13 Recreational Vehicle	13	13
	14 Wood cutter	14 Snow Cat	14	14
	15 Fisherman	15 Snow Machine	15	15
	16	16 Walking	16	16
	17 Other	17 Other	17 Other	17

Location:			
Subject #2 Name:		Time Notified:	
SSN:		Time Found:	Date Found:
Address:		Time Returned:	Date Returned:
Phone number:		DOB:	
Location Found:		Height:	
Weight:		Hair:	
Eyes:		Total Miles of Search:	
Shoes:		Pants:	
Coat:		Total Man hours:	
Hat:			

Location:			
Subject #3 Name:		Time Notified:	
SSN:		Time Found:	Date Found:
Address:		Time Returned:	Date Returned:
Phone number:		DOB:	
Location Found:		Height:	
Weight:		Hair:	
Eyes:		Total Miles of Search:	
Shoes:		Pants:	
Coat:		Total Man hours:	
Hat:			

Location:			
Subject #4 Name:		Time Notified:	
SSN:		Time Found:	Date Found:
Address:		Time Returned:	Date Returned:
Phone number:		DOB:	
Location Found:		Height:	
Weight:		Hair:	
Eyes:		Total Miles of Search:	
Shoes:		Pants:	
Coat:		Total Man hours:	
Hat:			

Location:			
Subject #5 Name:		Time Notified:	
SSN:		Time Found:	Date Found:
Address:		Time Returned:	Date Returned:
Phone number:		DOB:	Location Found:
Height:	Weight:	Hair:	Total Miles of Search:
Eyes:			
Shoes:	Pants:	Coat:	Total Man hours:
Hat:			

Location:			
Subject #6 Name:		Time Notified:	
SSN:		Time Found:	Date Found:
Address:		Time Returned:	Date Returned:
Phone number:		DOB:	Location Found:
Height:	Weight:	Hair:	Total Miles of Search:
Eyes:			
Shoes:	Pants:	Coat:	Total Man hours:
Hat:			

Actual Search Cost Work Sheet

Please indicate additionally to the reimbursement allowed, the true costs of the search. Hours of County Employees, use of vehicles belonging to counties, and the value of the time. ***Our goal is to compare the actual search cost for the county to the reimbursement amount allowed.***

Describe item. Name of person, Type of vehicle, Etc.	Value per Hour	Hours Used	Total Value
TOTALS			