

**YAVAPAI COUNTY SHERIFF'S OFFICE  
VOLUNTEER REIMBURSEMENT REQUEST FORM**

Name  Radio #   
State Mission # (**OFFICE USE**)  S.O. DR#   
Incident Command Deputy   
Date/s Worked  Today's Date   
*(MUST SUBMIT WITHIN 5 CALENDAR DAYS FROM LAST DATE WORKED)*  
Incident Location

Vehicle Used On Assignment: Make  Model  Plate   
Fuel Amount \$  Gallons  Total Trip Miles

*OTHER ITEMS FOR REIMBURSEMENT CONSIDERATION: BELOW ITEMS MUST HAVE PRIOR AUTHORIZATION.*

Food Amount \$  Description   
Other Amount \$  Description   
Total Submitted \$  Volunteer Signature \_\_\_\_\_

***Attach Receipt/s at TOP corner of form with one staple only. DO NOT TAPE receipts to page. Reminder: Only ORIGINAL, DETAILED RECEIPTS are acceptable. DO NOT submit pre-paid receipts, they will be denied.  
If mailing please address to: YCSO ATTN: DENNYSE LOLL 255 E. GURLEY ST. PRESCOTT, AZ. 86301***

*This section is for Finance ONLY* Paid To \_\_\_\_\_ For \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_  
Detailed, Itemized Receipt/s?  YES  NO Allowable Goods/Services?  YES  NO Finance Initials \_\_\_\_\_