San Juan Island EMS
Stipend Form

TRANSPORT/NIGHT RIDER AND MISC STIPEND FORM

NAME: _____ **Date:**_____

ADDRESS: _____

STIPENDS

Date	Run #	Type	Destination	Amount
			TOTAL	

STIPEND & REIMBURSEMENTS RATES

Over night Transports	$100.00
Outer Island Calls	$15.00
FERRY AMBULANCE	
Anacortes	$100.00
Mt. Vernon	$125.00
Bellingham	$150.00
Everett, Seattle	$175.00

SPORT STANDBY	Per Hour	$25.00
NIGHT RIDER		
Night Rider Stipend		$20.00
Add to each night call		Add $5.(
FIXED WING/SHERIFF'S BOAT		
Mt Vernon, Anacortes		$50.00
Bellingham, Seattle, Everett		$75.00

I hold the position of _____ and having herwith presented my itemized account amount to the sum of _____ dollars. I swear that the above expense is just and true as stated, that the expenses charged were actually and necessarily incurred.

Signature of Claimant ***Approved by***