

San Juan Island EMS

Reimbursement/Stipend Form

NAME: _____ **Date:** _____

ADDRESS: _____

TRANSPORT STIPEND				
Date	Run #	Transport Type	Destination	Amount
TOTAL				

REIMBURSEMENTS, TRAVEL				Office Use Only	
Date	Expenditure	Miles	Budget Item #	Amount	
			6511.00.		
			6511.00.		
			6511.00.		
			6511.00.		
			6511.00.		
			6511.00.		
			6511.00.		
			6511.00.		
			6511.00.		
* PLEASE ATTACH RECEIPTS TO THIS FORM					TOTAL

EXPLANATION OF REIMBURSEMENT OR STIPEND:

I hold the position of _____ and having herewith presented my itemized account amounting 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

TRAVEL REIMBURSEMENT RATES	
Mileage	\$.485 per mile
Per Diem	\$42.00 per day

TRANSPORTATION STIPEND RATES	
FIXED WING/SHERIFF'S BOAT	
Mt Vernon, Anacortes	\$50.00
Bellingham, Seattle, Everett	\$75.00
FERRY or AMBULANCE	
Anacortes	\$100.00
Mt. Vernon	\$125.00
Bellingham	\$150.00
Everett, Seattle	\$175.00
SPORT STANDBY	\$25 per hour
OVERNIGHT TRANSPORTS	\$100.00
OUTER ISLAND CALLS	\$15. (Extra)