

**Northern Gila County Sheriff's Posse  
Mileage Reimbursement Form**

**Name:** \_\_\_\_\_ **I.D.#:** \_\_\_\_\_

**Date and Time of Call-out:** \_\_\_\_\_

**Call-out Location:** \_\_\_\_\_

**10-8 Date and Time:** \_\_\_\_\_

**POV Starting Mileage:** \_\_\_\_\_ **POV Ending Mileage** \_\_\_\_\_

**Total POV Mileage for Call-out:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

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All information must be legible.

Reimbursement is for a call-out where the member is needed immediately for service and the member uses his/her own POV. It is not for scheduled details even though you use your own POV.

Mileage will be paid at a rate of \$.20/per mile, with a \$20.00 maximum per call-out.

This form is to be completed by Posse Member and turned in to Posse Board Member for approval. It will then be given to the Treasurer for reimbursement.

**Date Paid:** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_ **Check #:** \_\_\_\_\_