

IOWA MUTUAL AID COMPACT (IMAC)

Reimbursement Form (R-2)

Fields in green are automatically calculated.

Event:

Date:

Submitted to the Political Subdivision of:

Vendor Number:

From City/County of:

IMAC Mission Number:

For Services Rendered under Mission Number:

Copies of Receipts and Payment Vouchers for Each Claim Are Attached:

Yes

No

Personnel Costs

Regular Time

Overtime

Employer Share of Fringe Benefits

Total Personnel Costs

Travel Costs

Auto Rental/Gas/Mileage

Vehicle Costs

Lodging

Meals/Tips

Total Travel Costs

Equipment Costs

Other Costs (Explain in Remarks Section)

GRAND TOTAL

Remarks:

Certified and Authorized by:

Signature:

Title:

Date: