



Washington Intrastate Mutual Aid Responding Jurisdiction Reimbursement (RJR)

Incident / Event:

Submitted **TO** the Requesting Jurisdiction of:

Date:

BY the Responding Jurisdiction of:

Vendor No.:

For services rendered under Requesting Jurisdiction **Mission No.:**

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

Air Travel

Auto Rental / Gas Mileage

Lodging

Government Vehicle Costs

Meals / Tips

Total Travel Costs

Equipment Costs

Contractual Costs

Commodities

Other Costs (explain in Remarks)

Grand Total

Remarks:

Certified &
Authorized by:

Signature:

Title:

Date:

The Authorized official of the Responding Jurisdiction (as defined by RCW 38.56) certifies that the totals for each category/claim are exact costs expended by the Responding Jurisdiction to perform the services requested in the WAMAS REQ-A. All additional supporting documents not included with this claim will be maintained by the Responding Jurisdiction for a period of three (3) years following the above date of submission and may be obtained for audit purposes by notifying the Responding Jurisdiction authorized official named herein.