

Input Box Color Scheme for Worksheets		
Yellow	Gray	Informational Instructions/Notes
Purple		Titles
White		Area for information to be input by applicants
Green		Auto-populated fields. DO NOT OVERRIDE THESE FIELDS

# START WITH THIS PAGE

**NOTE:** To populate the repeating fields for each form in this file, fill in the white cells.

**NOTE:** The text boxes on the Submittal forms will NOT print. The text boxes on this Sample set WILL PRINT. Please do not adjust margins or page layouts. If you need help modifying or working with the forms, please contact TDEM-State Disaster Reimbursement Unit (512) 424-7607

<b>APPLICANT</b>		<b>INCIDENT / EVENT</b>	
City of Mayday		Possum Kingdom Wildfires	
<b>LOCATION/SITE</b>		<b>CATEGORY</b>	
Possum Kingdom West		Category B - Emergency Protective Measures	
		<b>RESPONSE TYPE</b>	
		TIFMAS - Texas Intrastate Fire Mutual Aid System	
<b>DESCRIPTION OF WORK PERFORMED</b>		<b>PERIOD COVERING</b>	
Wildfire suppression and control		02/05/12	TO 02/10/12
I CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND THAT THESE COSTS ARE ELIGIBLE FOR REIMBURSEMENT ACCORDING TO STATE POLICY AND AGENCY.			
	Your Name	3/29/2013	
	<b>SIGNATURE'S TITLE</b>	<b>DATE</b>	

**Applicant** = The City/County/Department/Single Resource submitting the reimbursement request.

**Location/Site** = Location where work was performed during event.

**Description of Work Performed** = Type of work performed (debris removal, search and rescue, fire suppression, public works etc.) Provide more detail on the invoice.

**Disaster/Event** = The name and/or number assigned to the event (check with TDEM for information.)

**Category** = Refers to the FEMA categories or State categories (check with TDEM for information.) \*Categories are listed below

**Period Covering** = The mobilize and demobilize dates of the Applicant's response.

**Title** = Job title for the person signing the forms.

**Date** = Date the forms are completed. Please change this date with each revision.

## HOW TO SUBMIT:

For review purposes, please email an electronic copy of this document to requesting State Agency. Signed forms and supporting documents can be sent by scan/email or by mail. Please be sure to keep a copy of all documents sent. Submittals will be considered final when all supporting documents are received and information is correct. Submittals must be submitted within 45 days following demobilization for reimbursement to be considered for funding.

### Physical Address:

Texas Department of Public Safety  
Texas Division of Emergency Management  
Attn: State Disaster Reimbursement Unit  
5805 N. Lamar Boulevard  
Austin, Texas 78752

### Mailing Address:

Texas Department of Public Safety  
Texas Division of Emergency Management  
Attn: State Disaster Reimbursement Unit  
Post Office Box 4087  
Austin, Texas 78773-0220

**Phone Number:** 512-424-7607 Information Line

**Fax Number:** 512-424-7584

### \* The seven categories for reimbursement under the PA Program are:

Category A-Debris Removal  
Category B-Emergency Protective Measures (including search and rescue, shelter operations, mass feeding,  
Category C-Roads and Bridges  
Category D-Water control facilities (including drainage channels and some flood control facilities  
Category E-Buildings and equipment  
Category F-Utilities (including sewer, water, wastewater, and power generation facilities)  
Category G-Parks, recreation, and other facilities (including an eligible applicant's cemeteries, playgrounds, pools, and beaches)

### Response Type

TIFMAS - Texas Intrastate Fire Mutual Aid System  
EMS - Emergency Medical Service Response  
TTF1 - Texas Taskforce 1  
MCP - Mobile Command Post  
IMT - Incident Management Team  
PWRT - Public Works Response Team  
FUEL - Remote Fueling Facility  
TERT - Telecommunication Emerg Response Taskforce  
EOC - Emergency Operations Center  
RTF - Reentry Task Force

E-SHELTER - Shelter for Evacuees  
R-SHELTER - Shelter for First Responders

**Texas Standard Incident Reimbursement Form**  
**IN STATE MUTUAL AID REIMBURSEMENT INVOICE**

<b>INCIDENT / EVENT:</b> Possum Kingdom Wildfires		<b>CATEGORY</b>	Category B - Emergency Protective Measures
		<b>RESPONSE</b>	TIFMAS - Texas Intrastate Fire Mutual Aid System
<b>PERIOD COVERED:</b>	<b>FROM:</b> 02/05/12 <b>TO:</b> 02/10/12	<b>DATE SUBMITTED:</b>	03/29/2013
<input checked="" type="checkbox"/> CITY			
<input type="checkbox"/> COUNTY			
<input type="checkbox"/> DEPARTMENT			
<input type="checkbox"/> SINGLE RESOURCE			
<b>REMIT PAYMENT TO:</b> City of Mayday (Make Check Payable to and mailing address info) 911 Support Street Mayday, TX 12345			
<b>COPIES OF RECEIPTS AND PAYMENT VOUCHERS FOR EACH CLAIM ARE ATTACHED:</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

**Force Account Labor Cost**

	Regular Time	Overtime	Sub Total
<b>Time Cost</b>	\$ 693.00	\$ 1,716.54	\$ 2,409.54
<b>Benefit Cost</b>	\$ 325.29	\$ 303.83	\$ 629.12
<b>Labor Cost Total =</b>			\$ 3,038.66

**Travel Cost**

<b>Meals</b>	\$ 16.00	\$ -	<b>Mileage (Personal Vehicles)</b>
<b>Lodging</b>	\$ -	\$ -	<b>Other</b>
<b>Travel Cost Total =</b>			\$ 16.00
<b>Force Account Equipment Cost Total =</b>			\$ 3,850.00
<b>Materials Cost Total =</b>			\$ 355.25
<b>Contract Work Cost Total =</b>			\$ 800.00
<b>Rented Equipment Cost Total =</b>			\$ 80.00
<b>Other Costs =</b>			\$ -
<b>GRAND TOTAL =</b>			\$ 8,139.91

**DESCRIPTION OF SERVICES PROVIDED:**

**CERTIFIED AND APPROVED BY:**

<b>SIGNATURE:</b>	<b>TITLE:</b>
<b>PRINTED NAME:</b>	<b>DATE:</b>
<b>EMAIL ADDRESS:</b>	<b>PHONE NUMBER:</b>

- AUTHORIZED OFFICIAL  
 INDIVIDUAL

Certifies that the totals for each category/claim are exact costs expended by the Assisting Agency to perform the services requested. All additional supporting documentation not included with this claim will be maintained by the Assisting Agency for a \*period of three (3) years following the above date of submission and may be obtained for audit purposes by notifying the Assisting Agency authorized official named herein, or other appropriate persons. (\* In accordance with 44 CFR 13.42 - Retention and access requirements for records.)

**Texas Standard Incident Reimbursement Form  
FORCE ACCOUNT BACKFILL LABOR SUMMARY RECORD**

<b>APPLICANT</b>		<b>CHECK RESPONSE TYPE</b>				<b>INCIDENT / EVENT</b>			
City of Mayday		TIFMAS	PWRT	RTF	Possum Kingdom Wildfires				
<b>LOCATION/SITE</b>		EMS	RFF	E-SHELTER	<b>CATEGORY</b>				
Possum Kingdom West		MCP	TERT	R-SHELTER	Category B - Emergency Protective Measures				
<b>DESCRIPTION OF WORK PERFORMED</b>		IMT	EOC	OTHER	<b>PERIOD COVERING</b>				
Wildfire suppression and control						02/05/12		TO 02/10/12	

EMPLOYMENT STATUS (Enter Letter in Box)	S H I F T	SHIFT	DATES & HOURS WORKED EACH WEEK														COSTS					
			C	A	B	C	A	B	C	A	B	C	A	B	C	A	TOTAL HRS	HOURLY RATE	TIME COST (A x B)	BENEFIT ACTUAL (% x B x A) COST	TOTAL COST (C + D + E)	
			DAY	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat					
			DATE	2/5	2/6	2/7	2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18					
Name	Sam Smith	N	B	REG	4.0		17.0	7.0										28.00	24.75	\$ 693.00	\$ 325.29	\$1,018.29
Job Title				OT 1		15.0	4.0	15.0										34.00	26.25	\$ 892.50	\$ 157.97	\$1,050.47
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
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				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -

<b>PAYROLL NOTES:</b>	TOTAL REGULAR HOURS (A)	28.00	REG TIME SUBTOTAL (C)	\$ 693.00
	TOTAL OT HOURS (A)	34.00	REG BENEFIT SUBTOTAL (D)	\$ 325.29
	TOTAL HOURS	62.00	REG TIME TOTAL (E)	\$1,018.29
			O/T SUBTOTAL (C)	\$ 892.50
			O/T BENEFIT SUBTOTAL (D)	\$ 157.97
		O/T TOTAL (E)	\$1,050.47	
		LABOR COST TOTAL	\$2,068.77	

I CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND THAT THESE COSTS ARE ELIGIBLE FOR REIMBURSEMENT ACCORDING TO STATE OR AGENCY POLICY.

	Your Name	03/29/13
<b>AUTHORIZED SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>

**Texas Standard Incident Reimbursement Form  
FORCE ACCOUNT BACKFILL LABOR SUMMARY RECORD**

<b>APPLICANT</b>		<b>CHECK RESPONSE TYPE</b>				<b>INCIDENT / EVENT</b>	
City of Mayday		TIFMAS	PWRT	RTF	Possum Kingdom Wildfires		
<b>LOCATION/SITE</b>		EMS	RFF	E-SHELTER	<b>CATEGORY</b>		
Possum Kingdom West		MCP	TERT	R-SHELTER	Category B - Emergency Protective Measures		
<b>DESCRIPTION OF WORK PERFORMED</b>		IMT	EOC	OTHER	<b>PERIOD COVERING</b>		
Wildfire suppression and control						02/05/12	TO 02/10/12

EMPLOYMENT STATUS (Enter Letter in Box)	S H I F T	SHIFT	DATES & HOURS WORKED EACH WEEK														COSTS					
			C	A	B	C	A	B	C	A	B	C	A	B	C	A	TOTAL HRS	HOURLY RATE	TIME COST (A x B)	BENEFIT ACTUAL (% x B x A) COST	TOTAL COST (C + D + E)	
			DAY	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat					
			DATE	2/5	2/6	2/7	2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18					
Name	Joe White	N	A	REG														0.00	22.89	\$ -	\$ -	\$ -
Job Title				OT 1			17.0	7.0										24.00	34.34	\$ 824.04	\$ 145.86	\$ 969.90
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -
Name				REG														0.00		\$ -	\$ -	\$ -
Job Title				OT 1														0.00		\$ -	\$ -	\$ -
				OT 2														0.00		\$ -	\$ -	\$ -
				OT 3														0.00		\$ -	\$ -	\$ -

<b>PAYROLL NOTES:</b>	TOTAL REGULAR HOURS (A)	0.00	REG TIME SUBTOTAL (C)	\$ -
	TOTAL OT HOURS (A)	24.00	REG BENEFIT SUBTOTAL (D)	\$ -
	TOTAL HOURS	24.00	REG TIME TOTAL (E)	\$ -
			O/T SUBTOTAL (C)	\$ 824.04
			O/T BENEFIT SUBTOTAL (D)	\$ 145.86
		O/T TOTAL (E)	\$ 969.90	
		LABOR COST TOTAL	\$ 969.90	

I CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND THAT THESE COSTS ARE ELIGIBLE FOR REIMBURSEMENT ACCORDING TO STATE OR AGENCY POLICY.

	Your Name	03/29/13
<b>AUTHORIZED SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>

**Texas Standard Incident Reimbursement Form  
FRINGE BENEFIT RATE CALCULATION WORKSHEET**

Force account labor fringe benefits is eligible for reimbursement. Except in extremely unusual cases, fringe benefits for overtime will be significantly less than regular time. Typically, you should not be charging the same rate for regular time and overtime. Generally, only FICA (Social Security) is eligible for overtime; however some entities may charge retirement tax on all income.

<input type="checkbox"/> DEPARTMENT	<b>Applicant</b>
<input type="checkbox"/> INDIVIDUAL	
<b>INCIDENT / EVENT</b>	
Possum Kingdom Wildfires	

The following steps will assist in calculating the percentage of fringe benefits paid on an employee's salary. Note that items and percentages will vary from one entity to another.

- 1) The normal year consists of 2080 hours (52 weeks x 5 workdays/week x 8 hours/day.) This does not include holidays and vacations.
- 2) Determine the employee's basic hourly pay rate (annual salary/2080 hours.)
- 3) Fringe benefit percentage for Vacation time: Divide the number of hours of annual vacation time provided to the employee by 2080 (80 hours (2 weeks)/2080 = 3.85%)
- 4) Fringe benefit percentage for paid Holidays: Divide the number of paid holiday hours by 2080 (64 hours (8 holidays)/2080 = 3.07%.)
- 5) Retirement pay: Because this measure varies widely, use only the percentage of salary matched by the employer.
- 6) Social Security and Unemployment Insurance: Both are standard percentages of salary.
- 7) Insurance: This benefit varies by employee. Divide the amount paid by the city or county by the basic pay rate determined in Step 2.
- 8) Workman's Compensation: This benefit also varies by employee. Divide the amount paid by the city or county by the basic pay rate determined in Step 2. Use the rate per \$100 to determine the correct percentage.

FRINGE BENEFITS	REGULAR TIME (BY %)	OVERTIME (BY %)	PART TIME (BY %)
HOLIDAYS	4.23		
VACATION LEAVE	6.50		
SICK LEAVE	4.60		
SOCIAL SECURITY	7.65	7.65	
MEDICARE			
UNEMPLOYMENT			
WORKER'S COMPENSATION	1.16	1.16	
RETIREMENT	8.00	8.00	
HEALTH BENEFITS	14.50		
LIFE INSURANCE BENEFITS	0.30	0.30	
OTHER			
<b>TOTAL AS % OF ANNUAL SALARY</b>	<b>46.94</b>	<b>17.11</b>	<b>0.00</b>

COMMENTS:

<b>I certify that the information above is accurate and supported by budgets, payroll records, or other documents available for audit.</b>		
		03/29/13
<b>AUTHORIZED SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>

**Texas Standard Incident Reimbursement Form  
TRAVEL SUMMARY RECORD**

<b>APPLICANT</b>				<b>INCIDENT / EVENT</b>			<b>CATEGORY</b>				
City of Mayday				Possum Kingdom Wildfires			Category B - Emergency Protective Measures				
<b>LOCATION/SITE</b>						<b>RESPONSE TYPE</b>					
Possum Kingdom West						IAS - Texas Intrastate Fire Mutual Aid Sy					
<b>DESCRIPTION OF WORK PERFORMED</b>						<b>PERIOD COVERING</b>					
Wildfire suppression and control						02/05/12		TO		02/10/12	
<p align="center">BASED ON STATE OR AGENCY POLICY</p>											
<b>DATE</b>		<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>DAILY MEAL TOTAL</b>	<b>Lodging</b>	<b>Mileage For Personal Vehicles Used</b>				
							<b>Miles</b>	<b>Rate</b>	<b>Cost</b>		

**NAME: S Smith**

Sun	02/05/12	\$ -	\$ 4.00	\$ -	\$ 4.00	\$ -		0.510	\$ -
Mon	02/06/12	\$ -	\$ -	\$ 12.00	\$ 12.00	\$ -		0.510	\$ -
Tue	02/07/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Wed	02/08/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Thu	02/09/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Fri	02/10/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Sat	02/11/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -

**NAME:**

Sun	02/05/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Mon	02/06/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Tue	02/07/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Wed	02/08/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Thu	02/09/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Fri	02/10/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Sat	02/11/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -

**NAME:**

Sun	02/05/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Mon	02/06/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Tue	02/07/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Wed	02/08/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Thu	02/09/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Fri	02/10/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Sat	02/11/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -

**NAME:**

Sun	02/05/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Mon	02/06/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Tue	02/07/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Wed	02/08/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Thu	02/09/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Fri	02/10/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -
Sat	02/11/12	\$ -	\$ -	\$ -	\$ -	\$ -		0.510	\$ -

<b>TOTALS</b>					\$ 16.00	\$ -		\$ -
---------------	--	--	--	--	----------	------	--	------

<b>DATE</b>	<b>Description (Parking, toll fees, taxi fees etc.)</b>	<b>Traveler's Initials</b>	
OTHER			\$ -
<b>TOTAL OTHER</b>			\$ -

**I CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND THAT THESE COSTS ARE ELIGIBLE FOR REIMBURSEMENT ACCORDING TO STATE OR AGENCY POLICY.**

<b>AUTHORIZED SIGNATURE</b>	Your Name	03/29/13
	<b>TITLE</b>	<b>DATE</b>



**Texas Standard Incident Reimbursement Form  
MATERIALS SUMMARY RECORD**

<b>APPLICANT</b>						<b>INCIDENT / EVENT</b>					
City of Mayday						Possum Kingdom Wildfires					
<b>LOCATION/SITE</b>						<b>CATEGORY</b>					
Possum Kingdom West						Category B - Emergency Protective Meas					
<b>DESCRIPTION OF WORK PERFORMED</b>						<b>PERIOD COVERING</b>					
Wildfire suppression and control						02/05/12	TO	02/10/12			
<b>VENDOR</b>	<b>DESCRIPTION OF PURCHASE MATERIALS / GOODS / SERVICES</b> <small>Provide justification for purchase who/where/why</small>			<b>QTY</b>	<b>UNIT PRICE</b>	<b>TOTAL PRICE</b>	<b>DATE OF PURCHASE</b>	<b>DATE USED</b>	<b>INFO FROM (CHECK ONE)</b>		
								<b>INVOICE</b>	<b>STOCK</b>		
1	Boots, Ltd	Replace fire boots melted during wildfire containment			1	\$ 355.25	\$ 355.25	3/7/12	3/7/12	12345	
2						\$ -					
3						\$ -					
4						\$ -					
5						\$ -					
6						\$ -					
7						\$ -					
8						\$ -					
9						\$ -					
10						\$ -					
11						\$ -					
12						\$ -					
13						\$ -					
14						\$ -					
15						\$ -					
16						\$ -					
17						\$ -					
18						\$ -					
19						\$ -					
20						\$ -					
<b>SHEET TOTAL</b>						\$ 355.25					
<b>I CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND THAT THESE COSTS ARE ELIGIBLE FOR REIMBURSEMENT ACCORDING TO STATE OR AGENCY POLICY.</b>											
<b>AUTHORIZED SIGNATURE</b>						Your Name		03/29/13			
<b>TITLE</b>						<b>DATE</b>					

**Texas Standard Incident Reimbursement Form  
RENTED EQUIPMENT SUMMARY RECORD**

<b>APPLICANT</b>					<b>INCIDENT / EVENT</b>			
City of Mayday					Possum Kingdom Wildfires			
<b>LOCATION/SITE</b>					<b>CATEGORY</b>			
Possum Kingdom West					Category B - Emergency Protective Measures			
<b>DESCRIPTION OF WORK PERFORMED</b>					<b>PERIOD COVERING</b>			
Wildfire suppression and control					02/05/12	<b>TO</b>	02/10/12	
TYPE OF EQUIPMENT <small>Indicate size, capacity, horsepower, make &amp; model.</small>	DATES	RATE PER HOUR		TOTAL COST	VENDOR	INVOICE NUMBER	DATE	CHECK #
	HOURS USED	W/ OPR	W/OUT OPR				AMT PD	
	4	\$20.00		\$ 80.00			\$	
				\$ -			\$	
				\$ -			\$	
				\$ -			\$	
				\$ -			\$	
				\$ -			\$	
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				\$ -			\$	
				\$ -			\$	
				\$ -			\$	
				\$ -			\$	
				\$ -			\$	
<b>SHEET TOTAL</b>				\$ 80.00				
<b>I certify the above information to be accurate and that these costs are eligible for reimbursement according to state or agency policy.</b>								
<b>AUTHORIZED SIGNATURE</b>					Your Name	03/29/13		
					<b>TITLE</b>	<b>DATE</b>		





