

**DEPARTMENT OF HOMELAND SECURITY  
FEDERAL EMERGENCY MANAGEMENT AGENCY  
FORCE ACCOUNT LABOR SUMMARY RECORD**

O.M.B. No. 1660-0017  
Expires October 31, 2008

PAGE \_\_\_\_\_ OF \_\_\_\_\_

PROJECT NO.

PA ID NO.

DISASTER

PERIOD COVERING

CATEGORY

APPLICANT

LOCATION/SITE

DESCRIPTION OF WORK PERFORMED

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS				
	DATE							TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
JOB TITLE	REG.											
NAME	O.T.											
JOB TITLE	REG.											
NAME	O.T.											
JOB TITLE	REG.											
NAME	O.T.											
JOB TITLE	REG.											
NAME	O.T.											

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME \_\_\_\_\_ \$

TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME \_\_\_\_\_ \$

I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED

TITLE

DATE



DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**RENTED EQUIPMENT SUMMARY RECORD**

O.M.B. No. 1660-0017  
 Expires October 31, 2008

PAGE \_\_\_\_\_ OF \_\_\_\_\_

PROJECT NO.

PA ID NO.

DISASTER

CATEGORY

PERIOD COVERING

APPLICANT

LOCATION/SITE

DESCRIPTION OF WORK PERFORMED

**TYPE OF EQUIPMENT**  
 Indicate size, Capacity, Horsepower  
 Make and Model as Appropriate

**DATES AND HOURS USED**

**RATE PER HOUR**

W/OPR

W/OUT OPR

**TOTAL COST**

**VENDOR**

**INVOICE NO.**

**DATE AND AMOUNT PAID**

**CHECK NO.**

**GRAND TOTAL** \_\_\_\_\_

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CERTIFIED

TITLE

DATE



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