FLORIDA EMERGENCY MANAGEMENT DIVISION MATERIALS SUMMARY RECORD								Page			of	
APPLICANT	PPLICANT FIPS#				PROJECT/PW#				DISASTER NUMBER			
LOCATION/SITE				CATEGORY				PERIOD COVERING From: To:				
DESCRIPTION OF WORK PERFORMED												
VENDOR	(Need to only eligible pu	e for misc. invoice)		CK ONE)	DATE DA' ORDERED USE			UANT	UNIT PRICE	TOTAL PRICE		
											\$	
											\$	
											\$	
											\$	
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											\$	
											\$	
GRAND TOTAL: \$												
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.												
CERTIFIED			TITLE						DA	DATE		