

**FEDERAL EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

Page _____ of _____

1. APPLICANT	2. PA ID	3. PW #	4. DISASTER NUMBER
5. LOCATION/SITE		6. CATEGORY	7. PERIOD COVERING to
8. DESCRIPTION OF WORK PERFORMED			

TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS USED EACH DAY								COSTS		
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE									TOTAL HOURS	EQUIPMENT RATE
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
			HOURS									\$	\$
GRAND TOTALS													\$

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

CERTIFIED	TITLE	DATE
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