

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

Page _____ of _____

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

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