

**FEDERAL EMERGENCY MANAGEMENT AGENCY  
FORCE ACCOUNT EQUIPMENT 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

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

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

CERTIFIED

TITLE

DATE