DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT EQUIPMENT SUMMARY RECORD						PAGE OF					O.M.B. No. 1660-0017 Expires October 31, 2008		
APLICANT	NT		PROJ	PROJECT NO.				DISAS	TER				
LOCATION/SITE		CATE	CATEGORY				PERIOD COVERING						
DESCRIPTION OF WORK PERFORMED													
TYPE OF EQUIPMENT		ı	DATES AND HO				OURS USED EACH DAY			costs			
INDICATE SIZE, CAPACITY, HOURSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER	OPERATOR'S Name	DATE								TOTAL HOURS	EQUIPMENT RATE	TOTAL COST
			HOURS										
			HOURS										
			Hours										
			Hours										
			Hours										
			HOURS										
			Hours										
			Hours										
GRAND TOTAL													
I CERTIFY THAT THE ABOVE INFORMAT	ION WAS OBT	AINED FROM PAYRO	L RECORDS, INV	OICES,	OR O	THER [ocui	MENTS	5 ТНА	T ARE	AVAILA	BLE FOR AUDI	Г.
CERTIFIED			TITLE								DATE		

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 15 minutes per resposne. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a vaild OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0017). **Please do not send your completed form to the above address.**