

**FLORIDA DIVISION OF EMERGENCY MANAGEMENT
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

APPLICANT	PA ID	PROJECT	DISASTER NUMBER
LOCATION/SITE		CATEGORY	PERIOD COVERING From: _____ To: _____

DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT		OPERATORS NAME	DATES AND HOURS OR MILES USED EACH DAY							COSTS		
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIPMENT CODE NUMBER		DATE:							TOTAL HOURS /MILES	EQUIPMENT RATE	TOTAL COST
			HOURS /MILES								\$	\$
			HOURS /MILES								\$	\$
			HOURS /MILES								\$	\$
			HOURS /MILES								\$	\$
			HOURS /MILES								\$	\$
			HOURS /MILES								\$	\$
			HOURS /MILES								\$	\$
			HOURS /MILES								\$	\$
			HOURS /MILES								\$	\$
GRAND TOTAL:												

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

CERTIFIED		
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