

SAMPLE ONLY

FORCE ACCOUNT EQUIPMENT SUMMARY RECORD

(Use additional pages as needed)

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1. APPLICANT County LHD Name, or PHRST host-County LHD	2. PA ID <i>FEMA To Provide Later</i>	3. PROJECT NO. <i>FEMA To Provide Later</i>	4. DISASTER NUMBER <i>FEMA To Provide Later</i>
5. LOCATION/SITE County		6. CATEGORY <i>FEMA To Provide Later</i>	7. PERIOD COVERING 09/01/09 to 05/31/10

8. DESCRIPTION OF WORK PERFORMED
851 - County - H1N1 Response; 853 - PHRST - H1N1 Response

TYPE OF EQUIPMENT		OPERATOR'S NAME	DATES AND HOURS USED EACH DAY							COSTS *			
INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE	EQUIP. CODE NUMBER		DATE	10/6	10/7						TOTAL HOURS	EQUIP. RATE	TOTAL COST
Trailer, Office	8641	Mary Lou	HOURS	11.0	8.0						19.0	\$ 1.75	\$ 33.25
Capacity/Size: 8' x 32'													
Generator	8310	John Doe	HOURS	3.0	4.0						7.0	\$ 4.10	\$ 28.70
Capacity/Size: 5.5 kW; HP: to 10													
Message Board	8051	Sally Sue	HOURS	4.0	4.0						8.0	\$ 8.75	\$ 70.00
HP: to 5													
			HOURS								0.0	\$ -	\$ -
			HOURS								0.0	\$ -	\$ -
			HOURS								0.0	\$ -	\$ -
			HOURS								0.0	\$ -	\$ -
<i>*Costs to be in accord with FEMA Schedule Equipment Rates; http://www.fema.gov/xls/government/grant/pa/eqsch20080710.xls</i>										GRAND TOTALS	34		\$ 131.95

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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