

**FLORIDA DIVISION OF EMERGENCY MANAGEMENT
STATEWIDE MUTUAL AID EQUIPMENT SUMMARY RECORD**

Page _____ of _____

MUTUAL AID CLAIMANT (ASSISTING PARTY)	FEDERAL ID# (EIN)	STATE EOC MISSION#	DECLARATION NUMBER
LOCATION/SITE (CITY/COUNTY)	CATEGORY A (DEBRIS REMOVAL) _____ CATEGORY B (PROT MEASURES) _____		PERIOD COVERING From: _____ To: _____

8. DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT		OPERATOR'S 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										
GRAND TOTAL:												\$	

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

SIGNATURE	TITLE	DATE
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