FLORIDA EMERGENCY MANAGEMENT DIVISION
STATEWIDE MUTUAL AID AGREEMENT

MATERIALS SUMMARY RECORD

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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 From: To:

DESCRIPTION OF WORK PERFORMED

VENDOR/SUPPLIER	DESCRIPTION (Need to only enter total price for misc. eligible purchases on one invoice)	(CHECK ONE) INVOICE	STOCK	DATE ORDERED	DATE USED	QUANT	UNIT PRICE	TOTAL PRICE
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$
								$

GRAND TOTAL: $

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

CERTIFIED	TITLE	DATE