FLORDIA EMERGENCY MANAGEMENT DIVISION
STATEWIDE MUTUAL AID AGREEMENT
TRAVEL 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

EMPLOYEE/VENDER	TYPE OF EXPENSE/REIMBURSEMENTS, DIRECT PAID LODGING/MEALS	AMOUNT
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
	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