

DEPARTMENT OF HOMELAND SECURITY  
 FEDERAL EMERGENCY MANAGEMENT AGENCY  
**FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

PAGE \_\_\_\_ OF \_\_\_\_

**O.M.B. No. 1660-0017**  
**Expires October 31, 2008**

|           |           |             |          |
|-----------|-----------|-------------|----------|
| APPLICANT | PA ID NO. | PROJECT NO. | DISASTER |
|-----------|-----------|-------------|----------|

|               |          |                 |
|---------------|----------|-----------------|
| LOCATION/SITE | CATEGORY | PERIOD COVERING |
|---------------|----------|-----------------|

DESCRIPTION OF WORK PERFORMED

| TYPE OF EQUIPMENT  |                       | OPERATOR'S NAME | DATES AND HOURS USED EACH DAY |  |  |  |  |  |  | COSTS       |                |            |
|--|-----------------------|-----------------|-------------------------------|--|--|--|--|--|--|-------------|----------------|------------|
| INDICATE SIZE, CAPACITY, HORSEPOWER, MAKE AND MODEL AS APPROPRIATE | EQUIPMENT CODE NUMBER |                 | DATE                          |  |  |  |  |  |  | TOTAL HOURS | EQUIPMENT RATE | TOTAL COST |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
|  |                       |                 | HOURS                         |  |  |  |  |  |  |             |                |            |
| <b>GRAND TOTAL</b>   |                       |                 |                               |  |  |  |  |  |  |             |                |            |

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

|           |       |      |
|-----------|-------|------|
| CERTIFIED | TITLE | DATE |
|-----------|-------|------|

### **PAPERWORK BURDEN DISCLOSURE NOTICE**

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