

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

PAGE _____ OF _____

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

APPLICANT	PA ID NO.	PROJECT NO.	DISASTER
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LOCATION/SITE	CATEGORY	PERIOD COVERING
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DESCRIPTION OF WORK PERFORMED

NAME	JOB TITLE	DATES AND HOURS WORKED EACH WEEK							COSTS				
		DATE							TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
NAME		REG.											
JOB TITLE		O.T.											
NAME		REG.											
JOB TITLE		O.T.											
NAME		REG.											
JOB TITLE		O.T.											
NAME		REG.											
JOB TITLE		O.T.											

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME		\$
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TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME		\$
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I CERTIFY THAT THE INFORMATION ABOVE WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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PAPERWORK BURDEN DISCLOSURE NOTICE

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