

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
RENTED EQUIPMENT SUMMARY RECORD

PAGE _____ OF _____

*O.M.B. No. 1660-0017
 Expires December 31, 2011*

APPLICANT	PA ID NO.	PROJECT NO.	DISASTER
LOCATION/SITE	CATEGORY		PERIOD COVERING

DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT <small>Indicate size, Capacity, Horsepower Make and Model as Appropriate</small>	DATES AND HOURS USED	RATE PER HOUR		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.
		W/OPR	W/OUT OPR					

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
-----------	-------	------

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 30 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0017). Submission of the form is required to obtain or retain benefit under the Public Assistance Program. **Please do not send your completed form to the above address.**