DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY MATERIALS SUMMARY RECORD					PAGE OF			O.M.B. No. 1660-0017 Expires December 31, 2011		
APPLICANT	d NO.		PROJECT NO.			DISASTER				
LOCATION/SITE		CATEGORY	EGORY			PERIOD COVERING				
VENDOR	DESCRIPTION	QUAN.	UNIT PRICI				E ISED	DATE INFO FROM USED <u>(CHECK ONE)</u> INVOICE STOCK		<u>(ONE)</u>
GRAND TOTAL										
I CERTIFY THAT THE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOCIES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.										
CERTIFIED	TITLE	TITLE DATE								

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 15 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 forms is required to obtain or retain benefits under the Public Assistance Program. **Please do not send your completed form to the above address.**