

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

PAGE _____ OF _____

*O.M.B. No. 1660-0017
 Expires April 30, 2013*

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

DESCRIPTION OF WORK PERFORMED

NAME	DATES AND HOURS WORKED EACH WEEK							COSTS				
	JOB TITLE	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.											
NAME	REG.											
JOB TITLE	O.T.											

TOTAL COSTS FOR FORCE ACCOUNT LABOR REGULAR TIME _____	\$
TOTAL COST FOR FORCE ACCOUNT LABOR OVERTIME _____	\$

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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