

FLORIDA EMERGENCY MANAGEMENT DIVISION STATEWIDE MUTUAL AID CONTRACT SUMMARY	Page _____ of _____
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MUTUAL AID CLAIMANT (ASSISTING PARTY)	FEDERAL ID# (EIN)	STATE EOC MISSION#	DECLARATION NUMBER
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LOCATION/SITE (CITY/COUNTY)	CATEGORY A (DEBRIS REMOVAL) _____ CATEGORY B (PROT MEASURES)	PERIOD COVERING From: _____ To: _____
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DESCRIPTION OF WORK PERFORMED

CONTRACTOR	DESCRIPTION OF CONTRACT WORK OR CONTRACT SERVICES/COMMENTS	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
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
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