

**FLORIDA EMERGENCY MANAGEMENT DIVISION
MUTUAL AID LABOR SUMMARY RECORD**

Page _____ of _____

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

WORK UNIT:	DATES AND HOURS WORKED								TOTAL HOURS	HOURLY RATE	RT WAGES	OT WAGES
	DATE:	/	/	/	/	/	/	/				
NAME	RT HRS								\$	\$	\$	
STATUS/JOB TITLE	OT HRS								\$	\$		\$
NAME	RT HRS								\$	\$	\$	
STATUS/JOB TITLE	OT HRS								\$	\$		\$
NAME	RT HRS								\$	\$	\$	
STATUS/JOB TITLE	OT HRS								\$	\$		\$
NAME	RT HRS								\$	\$	\$	
STATUS/JOB TITLE	OT HRS								\$	\$		\$
NAME	RT HRS								\$	\$	\$	
STATUS/JOB TITLE	OT HRS								\$	\$		\$
NAME	RT HRS								\$	\$	\$	
STATUS/JOB TITLE	OT HRS								\$	\$		\$

TOTAL COSTS FOR FORCE ACCOUNT REGULAR TIME WAGES	\$
REGULAR TIME FRINGE BENEFITS @ _____ PERCENT	
TOTAL COSTS FOR FORCE ACCOUNT OVERTIME WAGES	
OVERTIME FRINGE BENEFITS @ _____ PERCENT	
TOTAL LABOR COSTS	\$

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM TIME RECORDS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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