

FLORIDA EMERGENCY MANAGEMENT DIVISION
STATEWIDE MUTUAL AID AGREEMENT
MATERIALS SUMMARY RECORD

Page _____ of _____

MUTUAL AID CLAIMANT (ASSISTING PARTY)	FEDERAL ID# (EIN)	STATE EOC MISSION#	DECLARATION NUMBER
LOCATION/SITE (CITY/COUNTY)		CATEGORY A (DEBRIS REMOVAL) ___ CATEGORY B (PROT MEASURES) ___	PERIOD From: _____ To: _____

DESCRIPTION OF WORK PERFORMED

VENDOR/SUPPLIER	DESCRIPTION (Need to only enter total price for misc. eligible purchases on one invoice)	(CHECK ONE)		DATE ORDERED	DATE USED	QUANT	UNIT PRICE	TOTAL PRICE
		INVOICE	STOCK					
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$
								\$

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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