

**FLORIDA EMERGENCY MANAGEMENT DIVISION
STATEWIDE MUTUAL AID AGREEMENT
TOTAL ACTUAL COSTS SUMMARY (WORK COMPLETED TO-DATE)**

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

TYPE OF EXPENSE	TOTAL CLAIMED COSTS	FEMA/STATE INSPECTOR COMMENTS	ELIGIBLE COST
FA LABOR (Earned Wages plus associated benefits)	\$		\$
FA EQUIPMENT (Equipment Rate Allowances for Use)	\$		\$
MATERIALS (Purchased/Stock expended items)	\$		\$
CONTRACTS (Services for completing Work)	\$		\$
RENTALS (Equipment, etc. for FA Work)	\$		\$
TRAVEL (Employee Expense, paid lodging, meals)	\$		\$

TOTAL CLAIM:	\$	TOTAL ELIGIBLE COSTS:	
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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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