

**SAMPLE ONLY**  
**CONTRACT WORK SUMMARY RECORD**

Use additional pages as needed.  
Page \_\_\_\_\_ of \_\_\_\_\_

1. APPLICANT County LHD Name, or PHRST host-County LHD	2. PA ID <i>FEMA To Provide Later</i>	3. PROJECT NO. <i>FEMA To Provide Later</i>	4. DISASTER NUMBER <i>FEMA To Provide Late</i>
5. LOCATION/SITE County		6. CATEGORY <i>FEMA To Provide Later</i>	7. PERIOD COVERING 09/01/09 to 05/31/09

8. DESCRIPTION OF WORK PERFORMED  
851 - County H1N1 Response; 853 - PHRST H1N1 Response

DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS-SCOPE
10/01/09 to 10/31/09	Dr. Mary Joe	102001	\$ 1,800.00	Administered flu vaccine for 30 hours during month of October.
10/01/09 to 10/31/09	ABC Temporary Agency	1042	\$ 4,275.00	Provide temp. staff to LHD.
to				
to			\$ -	
to			\$ -	
to			\$ -	
to			\$ -	
to			\$ -	
to			\$ -	
to			\$ -	
to			\$ -	
<b>GRAND TOTAL</b>			<b>\$ 6,075.00</b>	

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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FEDERAL EMERGENCY MANAGEMENT AGENCY  
**CONTRACT WORK SUMMARY RECORD**

Page \_\_\_\_\_ of \_\_\_\_\_

1. APPLICANT	2. PA ID	3. PROJECT NO.	4. DISASTER NUMBER <b>FEMA - -DR- #REF!</b>
5. LOCATION/SITE		6. CATEGORY	7. PERIOD COVERING to

8. DESCRIPTION OF WORK PERFORMED

DATES WORKED	CONTRACTOR	BILLING/INVOICE NUMBER	AMOUNT	COMMENTS-SCOPE
to				
to			\$ -	
to			\$ -	
to			\$ -	
to			\$ -	
to			\$ -	
to			\$ -	
to			\$ -	
to			\$ -	
to			\$ -	
to			\$ -	
<b>GRAND TOTAL</b>			\$ -	

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CERTIFIED	TITLE	DATE
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