

**SAMPLE ONLY**

FEDERAL EMERGENCY MANAGEMENT AGENCY  
**MATERIALS SUMMARY RECORD**

(Use additional pages as needed.)

Page 1 of 1

|   |  |  |  |
|---|--|--|--|
| 1. APPLICANT<br>County LHD Name, or PHRST host-County LHD | 2. PA ID<br><b>FEMA To Provide Later</b> | 3. PROJECT NO.<br><b>FEMA to provide later</b> | 4. DISASTER NUMBER<br><b>FEMA to provide later</b> |
| 5. LOCATION/SITE<br>County Name                           |  | 6. CATEGORY<br><b>FEMA to provide later</b>    | 7. PERIOD COVERING<br>09/01/09 to 05/31/10         |

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

| VENDOR             | DESCRIPTION           | QUAN. | UNIT PRICE | TOTAL PRICE       | DATE PURCHASE | DATE USED   | INFO FROM (CHECK ONE)               |                                     |
|--------------------|-----------------------|-------|------------|-------------------|---------------|-------------|-------------------------------------|-------------------------------------|
|                    |                       |       |            |                   |               |             | INVOICE                             | STOCK                               |
| Walmart            | Purell Hand Sanatizer | 1000  | \$ 0.79    | \$ 790.00         | 10/01/09      | 10/01/09    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| CVS                | Digital Therometers   | 100   | \$ 5.99    | \$ 599.00         | 07/31/09      | 10/1-10/31  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Walgreens          | Rubber Gloves         | 100   | \$ 2.39    | \$ 239.00         | 10/15/09      | 10/15-10/31 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|                    |                       |       |            | \$ -              |               |             | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                    |                       |       |            | \$ -              |               |             | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                    |                       |       |            | \$ -              |               |             | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                    |                       |       |            | \$ -              |               |             | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                    |                       |       |            | \$ -              |               |             | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                    |                       |       |            | \$ -              |               |             | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                    |                       |       |            | \$ -              |               |             | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                    |                       |       |            | \$ -              |               |             | <input type="checkbox"/>            | <input type="checkbox"/>            |
|                    |                       |       |            | \$ -              |               |             | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <b>Grand Total</b> |                       |       |            | <b>\$1,628.00</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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**MATERIALS SUMMARY RECORD**

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

|                  |          |                |                          |
|------------------|----------|----------------|--------------------------|
| 1. APPLICANT     | 2. PA ID | 3. PROJECT NO. | 4. DISASTER NUMBER       |
| 5. LOCATION/SITE |          | 6. CATEGORY    | 7. PERIOD COVERING<br>to |

8. DESCRIPTION OF WORK PERFORMED

| VENDOR             | DESCRIPTION | QUAN. | UNIT PRICE | TOTAL PRICE | DATE PURCHASE | DATE USED | INFO FROM (CHECK ONE)    |                          |
|--------------------|-------------|-------|------------|-------------|---------------|-----------|--------------------------|--------------------------|
|                    |             |       |            |             |               |           | INVOICE                  | STOCK                    |
|                    |             |       |            | \$ -        |               |           | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |             |       |            | \$ -        |               |           | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |             |       |            | \$ -        |               |           | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |             |       |            | \$ -        |               |           | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |             |       |            | \$ -        |               |           | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |             |       |            | \$ -        |               |           | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |             |       |            | \$ -        |               |           | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |             |       |            | \$ -        |               |           | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |             |       |            | \$ -        |               |           | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |             |       |            | \$ -        |               |           | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |             |       |            | \$ -        |               |           | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |             |       |            | \$ -        |               |           | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |             |       |            | \$ -        |               |           | <input type="checkbox"/> | <input type="checkbox"/> |
|                    |             |       |            | \$ -        |               |           | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Grand Total</b> |             |       |            | \$ -        |               |           |                          |                          |

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