

SAMPLE ONLY
RENTED EQUIPMENT 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 Later</i>
5. LOCATION/SITE County		6. CATEGORY <i>FEMA To Provide Later</i>	7. PERIOD COVERING 09/01/09 to 05/31/10

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

TYPE OF EQUIPMENT Indicate size, capacity, horsepower, make and model as appropriate	DATES	RATE PER HOUR AND HOURS		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.
		W/OPR	W/OUT OPR					
Small Vehicle*:	10/29-30/09	\$ 14.00	\$ 8.00	\$ 108.00	Fast Car Rental	198	10/31/09	1001
		6	8				\$ 108.00	
Generator: 5.5kw, HP-10	10/30/09		\$ 19.00	\$ 95.00	Wake Rental Equip.	199	10/31/09	1002
			5				\$ 95.00	
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		\$ -	\$ -	\$ -			-	
* Vehicle rentals must be in accord with county's policies and procedures. GRAND TOTAL							\$	203.00

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
RENTED EQUIPMENT SUMMARY RECORD**

Page _____ of _____

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

8. DESCRIPTION OF WORK PERFORMED

TYPE OF EQUIPMENT <small>Indicate size, capacity, horsepower, make and model as appropriate</small>	DATES	RATE PER HOUR AND HOURS		TOTAL COST	VENDOR	INVOICE NO.	DATE AND AMOUNT PAID	CHECK NO.
		W/OPR	W/OUT OPR					
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GRAND TOTAL							\$	-

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