



Local Disaster Debris Management Field Expense Tracking Form

Note: this Debris Expense Tracking Form is designed to capture the information often required to qualify for FEMA reimbursements; good records are required. Qualifying costs must be directly related to the disaster. All paid/temporary workers must be under contract or employees. A separate form should be kept for each disaster worksite. Volunteer hours usually qualify for local match; collect name/contact info. Employee time sheets/logs can be used to track paid staff. Consult FEMA guidance at https://secure.in.gov/dhs/files/reimbursement_procedures.pdf

Agency Name:			Work Site:			Person Certifying Form:					
Describe Resource:			Ref. #	Describe Location, Equipment and Project/Tasks/Job/Work Performed	Date	Time In	Time Out	# of Hours	Cost/ Hour	Total Cost	Status
Name of Vendor/Person	Category	Type									
Name	<input type="checkbox"/> Employee <input type="checkbox"/> Vendor	<input type="checkbox"/> Time <input type="checkbox"/> Equipment									
Address	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Materials									
Phone	<input type="checkbox"/> Donation <input type="checkbox"/> MAA	<input type="checkbox"/> Equip/Oper <input type="checkbox"/>									
Name	<input type="checkbox"/> Employee <input type="checkbox"/> Vendor	<input type="checkbox"/> Time <input type="checkbox"/> Equipment									
Address	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Materials									
Phone	<input type="checkbox"/> Donation <input type="checkbox"/> MAA	<input type="checkbox"/> Equip/Oper <input type="checkbox"/>									
Name	<input type="checkbox"/> Employee <input type="checkbox"/> Vendor	<input type="checkbox"/> Time <input type="checkbox"/> Equipment									
Address	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Materials									
Phone	<input type="checkbox"/> Donation <input type="checkbox"/> MAA	<input type="checkbox"/> Equip/Oper <input type="checkbox"/>									
Name	<input type="checkbox"/> Employee <input type="checkbox"/> Vendor	<input type="checkbox"/> Time <input type="checkbox"/> Equipment									
Address	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Materials									
Phone	<input type="checkbox"/> Donation <input type="checkbox"/> MAA	<input type="checkbox"/> Equip/Oper <input type="checkbox"/>									
Name	<input type="checkbox"/> Employee <input type="checkbox"/> Vendor	<input type="checkbox"/> Time <input type="checkbox"/> Equipment									
Address	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Materials									
Phone	<input type="checkbox"/> Donation <input type="checkbox"/> MAA	<input type="checkbox"/> Equip/Oper <input type="checkbox"/>									