

DISASTER MANAGEMENT EXPENSE RECORD

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		Disaster #		Worksite									
Name of Vendor/Person		Category		Type		Describe Location; Equipment; Project; Work Done		Date	Time In	Time Out	# of Hr	\$/Hr	Total \$
Name		<input type="checkbox"/> Employee	<input type="checkbox"/> Vendor	<input type="checkbox"/> Time	<input type="checkbox"/> Materials			22-Dec	0:00	23:59	23:59	\$ 999.99	\$ 23,983.09
Address		<input type="checkbox"/> Volunteer	<input type="checkbox"/> MAA	<input type="checkbox"/> Equipment	<input type="checkbox"/> Supplies						0:00		\$ -
Tel.		<input type="checkbox"/> Donation	<input type="checkbox"/> Other	<input type="checkbox"/> Equip/Op	<input type="checkbox"/> Other						0:00		\$ -
Name		<input type="checkbox"/> Employee	<input type="checkbox"/> Vendor	<input type="checkbox"/> Time	<input type="checkbox"/> Materials						0:00		\$ -
Address		<input type="checkbox"/> Volunteer	<input type="checkbox"/> MAA	<input type="checkbox"/> Equipment	<input type="checkbox"/> Supplies						0:00		\$ -
Tel.		<input type="checkbox"/> Donation	<input type="checkbox"/> Other	<input type="checkbox"/> Equip/Op	<input type="checkbox"/> Other						0:00		\$ -
Name		<input type="checkbox"/> Employee	<input type="checkbox"/> Vendor	<input type="checkbox"/> Time	<input type="checkbox"/> Materials						0:00		\$ -
Address		<input type="checkbox"/> Volunteer	<input type="checkbox"/> MAA	<input type="checkbox"/> Equipment	<input type="checkbox"/> Supplies						0:00		\$ -
Tel.		<input type="checkbox"/> Donation	<input type="checkbox"/> Other	<input type="checkbox"/> Equip/Op	<input type="checkbox"/> Other						0:00		\$ -
Name		<input type="checkbox"/> Employee	<input type="checkbox"/> Vendor	<input type="checkbox"/> Time	<input type="checkbox"/> Materials						0:00		\$ -
Address		<input type="checkbox"/> Volunteer	<input type="checkbox"/> MAA	<input type="checkbox"/> Equipment	<input type="checkbox"/> Supplies						0:00		\$ -
Tel.		<input type="checkbox"/> Donation	<input type="checkbox"/> Other	<input type="checkbox"/> Equip/Op	<input type="checkbox"/> Other						0:00		\$ -
Name		<input type="checkbox"/> Employee	<input type="checkbox"/> Vendor	<input type="checkbox"/> Time	<input type="checkbox"/> Materials						0:00		\$ -
Address		<input type="checkbox"/> Volunteer	<input type="checkbox"/> MAA	<input type="checkbox"/> Equipment	<input type="checkbox"/> Supplies						0:00		\$ -
Tel.		<input type="checkbox"/> Donation	<input type="checkbox"/> Other	<input type="checkbox"/> Equip/Op	<input type="checkbox"/> Other						0:00		\$ -
Name		<input type="checkbox"/> Employee	<input type="checkbox"/> Vendor	<input type="checkbox"/> Time	<input type="checkbox"/> Materials						0:00		\$ -
Address		<input type="checkbox"/> Volunteer	<input type="checkbox"/> MAA	<input type="checkbox"/> Equipment	<input type="checkbox"/> Supplies						0:00		\$ -
Tel.		<input type="checkbox"/> Donation	<input type="checkbox"/> Other	<input type="checkbox"/> Equip/Op	<input type="checkbox"/> Other						0:00		\$ -
I certify the above is true and correct to the best of my knowledge.												Print Name	\$ 23,983.09
Signed/Certified:								Date					