

DISASTER MANAGEMENT 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	Disaster #	Worksite										
Name of Vendor/Person		Category	Type	Ref #	Describe Location; Equipment; Project; Work Done	Date	Time In	Time Out	# of Hr	\$/Hr	Total \$	Status
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/Oper <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/Oper <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/Oper <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/Oper <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/Oper <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/Oper <input type="checkbox"/> Other						0:00		\$ -	
I certify the above is true and correct to the best of my knowledge.											\$ 23,983.09	Total
Signed/Certified:						Date						