

Wildfire Reimbursement Form

Fire Departments
Use one form Per Department, per Fire

For DEEP use only:

Fire Number: _____
 CORE Supplier #: _____
 Total Amount Due: _____
 PO #: _____
 Receipt #: _____
 Payment Date: _____

Fire Information:

Date of Fire: _____ Address of Fire: _____
 Town of Fire: _____

Was fire data entered on Wildfire Reporting App? Yes No

Signatures

District Fire Warden: _____ Date: _____
 Fire Control Officer: _____ Date: _____
 Fire Supervisor: _____ Date: _____

Reimbursement

Federal ID#: _____
 Fire Department: _____
 Mailing Address & Zip Code: _____

<i>Equipment Expenses:</i>					<i>Supplies Expenses:</i>	
Type of Equipment	Hours	X	Rate	Total	Type of Supplies	Total
Total Equipment Expenses:					Total Supplies Expense:	
			\$		<i>Original Receipts must be submitted</i>	\$

Type of Equipment:

Pickup Brush Fire Tanker ATV Portable Pump

Total Expenses to be Reimbursed	
Personnel	\$ _____
Equipment	\$ _____
Supply	\$ _____
	\$ _____

Comments/Notes:

Fire Department Personnel

	Last Name, First Name	# of Hours	Pay	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
	Number Of Firefighters	Hours	Rate of	Total
Registered:				
Unregistered:				
			Total Amount of Personnel	\$