

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

VOLUNTEER FIRE COMPANY DISASTER ACTIVITY WORKSHEET

VOLUNTEER FIRE COMPANY NAME:	FEMA DISASTER No.:
SERVICE LOCATION (COMMUNITY) :	DATE (S) OF SERVICE:

SERVICE PERFORMED PUMPING EVACUATION STREET CLEANING OTHER (SPECIFY)	SPECIFIC LOCATION HOUSE No. STREET NAME	EQUIPMENT DESCRIPTION*	FEMA RATE *	<u>SERVICE TIME*</u> HOURS	<u>SERVICE TIME*</u> MILES	COST
			\$			\$
*REFER TO THE CURRENT FEMA "SCHEDULE OF EQUIPMENT RATES" FOR DESCRIPTION, RATE, AND UNIT OF REIMBURSEMENT (HOURS vs. MILES).						\$ TOTAL

CERTIFICATIONS:	
I certify this is a true and correct description of the services requested by the elected officials.	
I certify this is a true and correct description of the actual services provided.	
Signature of Provider _____	Date _____
Signature of Recipient _____	Date _____
Telephone Number: _____	

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