	Тех		ncident Reimburs	ement Field Worksheet	
APPLICANT					INCIDENT / EVENT
LOCATION/SITE					CATEGORY
DESCRIPTION OF WORK PERFORMED					PERIOD COVERING
					то
DATES WORKED	CONTRACTOR			СОМІ	MENTS / SCOPE / STAR Ref #
I certify the above information to be accurate and that these costs are eligible for reimbursement according to state or agency policy.					
AUTHORIZED SIGNATURE DATE DATE DATE NOTES: Copies of contracts, MOU's, or other documents that outline terms, rates and conditions are required to support reimbursement claims. All pre-existing procurement rules must be adhered to.					
Terms and rates must be reasonable. TDEM_Field_Worksheet-Contracts					
CONTRACT WORK					
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