

**Texas Standard Incident Reimbursement Field Worksheet  
FORCE ACCOUNT EQUIPMENT SUMMARY RECORD**

<b>APPLICANT</b>	<b>INCIDENT / EVENT</b>
<b>LOCATION/SITE</b>	<b>CATEGORY</b>
<b>DESCRIPTION OF WORK PERFORMED</b>	<b>PERIOD COVERING</b>
<b>TO</b>	

EQUIPMENT DESCRIPTION <small>Indicate size, capacity, horsepower, make &amp; model, TIFMAS "E" number assignment, fleet number, etc.</small>	FEMA EQUIP CODE #	OPERATOR'S NAME	DATES/HOURS USED EACH DAY															Total (Hours or Miles)	TO	STAR Reference Number							
			DATE	2/5	2/6	2/7	2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18										
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I CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND THAT THESE COSTS ARE ELIGIBLE FOR REIMBURSEMENT ACCORDING TO STATE POLICY.

<b>AUTHORIZED SIGNATURE</b>	<b>TITLE</b>		<b>DATE</b>
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Equipment Rate Links: <http://www.fema.gov/schedule-equipment-rates> or [http://ticc.tamu.edu/Documents/IncidentResponse/TIFMAS/TIFMAS\\_Business\\_Deployment\\_Manual.pdf](http://ticc.tamu.edu/Documents/IncidentResponse/TIFMAS/TIFMAS_Business_Deployment_Manual.pdf)  
 NOTES: When vehicles are used for transporting personnel only and perform no emergency work function, reimbursement will be based on mileage. Please change "HRS" to "Miles" under the "Date" column when appropriate.