Texas Standard Incident Reimbursement Field Worksheet MATERIALS SUMMARY RECORD									
APPLICANT					INCIDENT / EVENT			ENT	
LOCATION/SITE					CATEGORY PERIOD COVERING				
DESCRIPTION OF WORK PERFORM									
			то						
	DESCRIPTION OF PURCHASE MATERIALS / GOODS / SERVICES				DATE OF	DATE	INFO FROM (CHECK ONE)		
VENDOR / STAR Ref. #	Provide justification for purchase who/where/why	QTY			PURCHASE	USED	INVOICE	STOCK	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
		SH	HEET TOTAL						
I CERTIES THE AROVE INCORMATION OF	TO BE ACCURATE AND THAT THESE COSTS ARE ELICIDIES	EOD DEIMO	IDCEMENT	ACCORDING TO ST	ATE OD ACEN	ICY BOLICY			
I CERTIFY THE ABOVE INFORMATION TO BE ACCURATE AND THAT THESE COSTS ARE ELIGIBLE FO		FOR REIMBL	IN REIMIDURGEMENT ACCURDING TO STATE OR AGENCT POLICY.						
			TITLE DATE						
NOTES: Legible, detailed receipts must be included along with the reimbursement submittal for all purchases. For items taken from stock, please provide a copy of the original purchase receipt, replacement order, or information from an independent source on fair market value. This liquor, tobacco, and personal hydiene items are not reimbursable for responders. Clothing purchases are not reimbursable unless purchased to									

replace items destroyed due to extreme working conditions. Efforts should be made to avoid charges for State sales tax, but when purchases are made in the field, taxes are reimbursable.