

Finance Envelope

CONTRACTOR: Thurston # 25 2103

EMERGENCY EQUIPMENT RENTAL-USE ENVELOPE

CONTRACTOR <i>Thurston # 25</i>			
RESOURCE ORDER NO. <i>2103</i>		ORDERED BY	
ARRIVED AT MOBILIZATION POINT DATE	TIME	LOCATION	
OPERATOR(S) <i>John Smith, Robert Whitehall, Jerry Hall</i>			
EQUIPMENT TYPE <i>Type 6 - Engine</i>	SIZE	NUMBER	
DATE RELEASED		TIME RELEASED	

FORMS:

- OF-294 EMERGENCY EQUIPMENT RENTAL AGREEMENT
- OF-296 VEHICLE/HEAVY EQUIPMENT INSPECTION CHECKLIST (**PREUSE**)
- OF-297 EMERGENCY EQUIPMENT SHIFT TICKET(S)
- OF-286 EMERGENCY EQUIPMENT-USE INVOICE
- OF-288 EMERGENCY FIREFIGHTER TIME REPORT (IF APPLICABLE).
- COMMISSARY ISSUES (IF APPLICABLE).
- OF-304 EMERGENCY EQUIPMENT FUEL AND OIL ISSUE (IF APPLICABLE).
- OF-296 VEHICLE/HEAVY EQUIPMENT INSPECTION CHECKLIST (**RELEASE**)
- ALL GOVERNMENT-ISSUED SAFETY EQUIPMENT RETURNED (APPLIES TO DOZER OPERATORS AND SWAMPERS ONLY).

ALL FORMS ARE INCLUDED IN THIS ENVELOPE. ALL SIGNATURES HAVE BEEN OBTAINED AND THE ENCLOSED INVOICE IS COMPLETE AND READY FOR PAYMENT. ALL FUEL, OIL, PARTS AND COMMISSARY ISSUES HAVE BEEN POSTED.

ADMINISTRATIVE FOLLOWUP NEEDED:
YES NO

REMARKS _____

CONTINUE ON REVERSE IF NECESSARY

NOTICE TO CONTRACTOR

REPORT TO: _____

INCIDENT: _____

BEFORE LEAVING AN INCIDENT, FINAL INSPECTION AND EQUIPMENT-USE INVOICE MUST BE COMPLETED. YOU ARE NOT CONSIDERED RELEASED AND WILL NOT BE PAID UNTIL ALL INVOICE DOCUMENTS ARE COMPLETED AND SIGNED. CHECK WITH FINANCE SECTION CHIEF.

EQUIPMENT TIME RECORDER

DATE

FINANCE SECTION CHIEF OR

DATE

Personnel Paid By the Washington State Patrol

Resource Order # 2103

EMERGENCY FIREFIGHTER TIME REPORT				1. Identification Number F9201299 <i>Volunteer</i>	
2. Social Security Number 111-11-1111		3. Initial Employment (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Type of Employment (X one) <input type="checkbox"/> Casual <input type="checkbox"/> Regular Gov't. Employee <input type="checkbox"/> Other Thurston # 25	
5. Transferred From		6. Hired At		7. Employee Has (X one) <input type="checkbox"/> Been Discharged <input type="checkbox"/> Quit	
				8. Entitled To Return Travel Time (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
				9. Entitled to Return Transportation (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No	

ZIP CODE MUST BE ENTERED BELOW				IN CASE OF ACCIDENT NOTIFY			
10. Name (First, Middle, Last) John B. Smith				15. Name Jane Smith			
11. Street Address Mailing 1313 Smith Road SE				16. Street Address Same			
12. City Olympia		13. State WA		14. Zip Code 98501		17. City	
				18. State		19. Telephone No. (Include Area Code) 360-596-1234	

20. FIRE LOCATION IDENTIFICATION											
Column A			Column B			Column C			Column D		
1. Fire Name Rock Candy Mtn Fire			1. Fire Name			1. Fire Name			1. Fire Name		
2. Fire No. WA-WFS-501			2. Fire No.			2. Fire No.			2. Fire No.		
3. Unit Code			3. Unit Code			3. Unit Code			3. Unit Code		
4. Fire Location			4. Fire Location			4. Fire Location			4. Fire Location		
5. State			5. State			5. State			5. State		
6. Firefighter Classification FF1			6. Firefighter Classification			6. Firefighter Classification			6. Firefighter Classification		
7. Rate			7. Rate			7. Rate			7. Rate		
8. Date and Time a. Year 2014			8. Date and Time			8. Date and Time			8. Date and Time		
Mo. Day Start Stop Hours			Mo. Day Start Stop Hours			Mo. Day Start Stop Hours			Mo. Day Start Stop Hours		

Qualification Card required for reimbursement at FF1 or higher, or if assigned as a Strike Team Leader trainee or above.

The following MUST be completed:
OF-288 Emergency Firefighter Time Report
WSP Waiver (Use mailing address; Verify DOB; Revision date 05/08 or later)
Current W-4 (Use mailing address)

Failure to complete these forms will delay reimbursement!

When you demobe from the incident, you will receive a copy of your OF-288. If you receive the original, your reimbursement may be delayed.

State payroll dates are the 10th and 25th of each month. If you have not received a check within two pay periods from the date of demobilization please contact us at FPBMobe@wsp.wa.gov or (360) 596-3945.

9. Total Hours					→
10. Gross Amount (Item 7 x item 9)					→
11. Inclusive Dates					→
12. Time Officer's Signature					
13. Date Signed					

21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.							22. Commissary Record			
A. Comm. BO 2600	B. Rate	C. Miles*/Hours	D. Accounting Classification			E. Object Class	F. Amount	a. Date	b. Item	c. Amount
			(a)	(b)	(c)	(a) (b) (c)				
							Gross			
							Salary			
							or			
							Equip.			
							Rental			
							Total	→		
23. Remarks							Gross Earning			
							Comm. Deduct.			
							Net Earning			
NOTE: The above items are correct and proper for payment from available appropriations.							24. ADO Check Number and Stamp			
25. Employee (Signature)					26. Time Officer (Signature)					

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Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u>1</u>
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u>1</u>
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u>0</u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u>0</u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u>1</u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u>0</u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u>0</u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u>3</u>

For accuracy, complete all worksheets that apply.
 { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2014
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Your first name and middle initial John B		Last name Smith		2 Your social security number 111-11-1111
Home address (number and street or rural route) PO Box 123		3 <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code Olympia WA 99999		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>0</u>		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>0</u>		
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u>1</u>		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶ <i>John B Smith</i>		Date ▶ <i>7/2/14</i>		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)



Mobilization Plan Waiver of Polygraph/Background Check

Mobilization Incident Name	Resource Order Number
Printed Name	Date of Birth
Address	City
	ZIP Code
Home Fire Jurisdiction Name	

As a law enforcement agency, many aspects of the Washington State Patrol (WSP) are confidential. Therefore, successful completion of a polygraph examination and background investigation on all employees is required for permanent employment.

Personnel who are not reimbursed by their home jurisdiction, but who will be reimbursed by the WSP under the State's Fire Mobilization Plan, will not be required to take the polygraph examination or background check. However, in order to be considered for future opportunities with the WSP in any capacity, you will be required to take and pass the polygraph examination and background check prior to employment with the WSP. Otherwise, your employment with the WSP will be limited to the Fire Protection Bureau working as an "emergency temporary firefighter" under the State's Mobilization Plan.

WAIVER:

I hereby waive the background check and polygraph examination required for employment with the Washington State Patrol. I agree to voluntarily take a polygraph examination and submit to a background check before I will be considered for any position with the Washington State Patrol other than as an "emergency temporary firefighter" under the State's Fire Mobilization Plan.

Further, my signature also indicates I have been provided a copy of the Code of Conduct, Sexual Harassment and Discrimination, Agency Rules, and Alcohol and Drug Free Workplace policies.

John B Smith

Signature

Date signed

Check here if you are currently employed by the state of Washington.

NOTE: If you are a contracted resource hired with a vehicle or equipment, you do not need to complete this form or the W-4. You will be required to complete a W-9 (Request for Taxpayer Identification Number and Certification Form).

To receive payment:

You must complete the WSP Waiver and W-4 (IRS Tax Withholding) for **each** mobilization incident. These documents must be submitted with your Emergency Firefighter Time Record and Crew Time Reports to the Finance Section. Claims submitted without the WSP Waiver or W-4 cannot be processed for payment.

To receive the increased pay beyond a FF2, you must show certification (red card) for the higher level position. Trainee positions below Strike Team Leader will be paid at the highest level carded.

If you have not received a check within 45 days from date of demobilization or have a question regarding your pay, contact the Professional Development and Response Section. The preferred method is e-mail—provide your name, contact number, and your message to include the incident name and resource order number. We will contact you as soon as possible.

E-mail: FPBMobilizationSec@wsp.wa.gov
 Phone: (360) 596-3945



**FIRE PROTECTION BUREAU
PROFESSIONAL DEVELOPMENT AND RESPONSE SECTION
PO Box 42600
Olympia WA 98504-2600
(360) 596-3945 FAX: (360) 596-3937**



Code of Conduct

Resources mobilized to an incident shall promote and maintain a harmonious and productive work place environment. Core to the State Fire Marshal's values is the necessity that all employees deserve to be treated with the utmost respect and dignity. All resources shall strive to ensure that these basic ideals are promoted and maintained. Ultimately, this is the standard by which the State Fire Marshal will:

- Measure how employees interact with those they serve.
- Establish the expectation of how individuals will be treated and how individuals will treat others.

The State Fire Marshal will make available only those resources that align themselves with the following code of conduct.

The Code of Conduct entails the following qualities:

- Lead by example
- Be proficient in your craft
- Promote a positive environment
- Deal with issues directly
- Empower others to solve problems
- Treat others as equals and with respect
- Expect the best
- Share your knowledge

Sexual Harassment and Discrimination

All personnel participating in a mobilized incident will abide by all federal and state laws prohibiting any form of discrimination or harassment. All forms of discrimination and harassment under state and federal laws are prohibited. The policies and work rules of your home agency govern your conduct. The Incident Commander will ensure all incidents of discrimination or harassment reported by personnel at the incident are preliminarily investigated.

The decision whether to demobilize personnel will reside with the Incident Commander in consultation with the State Fire Marshal's Office. The Incident Management Team is responsible for:

- Gathering initial statements; and
- Contact information from witnesses; and
- Notifying the employee's home agency of the complaint.

If the preliminary investigation reveals any potential violations of federal or state laws prohibiting discrimination or harassment, it is expected that a formal investigation will be done by the accused personnel's home agency according to the home agency rules and policies. The home agency will be responsible to investigate the incident, record the findings, and impose discipline, if appropriate.



**FIRE PROTECTION BUREAU
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At the conclusion of the formal investigation, the home agency shall notify the State Fire Marshal's Office of the outcome. If the accused person is found to have engaged in misconduct as a result of the formal investigation, the home agency will also advise the status of the person's future participation in Mobilization.

If the home agency fails to notify the State Fire Marshal's Office of the outcome of the formal investigation, the agency may not be called to participate in future State Mobilizations.

Agency Rules/Policies

Mobilized resources are required to follow their home agency's policies and work rules. Allegations of misconduct will be referred to the person's home agency. The home agency will be responsible for:

- Conducting an investigation into the allegation(s) to determine if there is a violation of home agency policy and/or procedure.
- Administering any corrective or disciplinary action for violation(s) of home agency policy and/or procedure.

Drug- and Alcohol-Free Workplace

The unlawful manufacture, distribution, dispensing, possession, or use of controlled substances (including alcoholic beverages) in the workplace or assigned workplace is prohibited. In compliance with the Federal Drug-Free Workplace Act of 1988, all employees and/or contractors are required to abide by this prohibition.

In addition to criminal prosecution, employees violating this prohibition will be subject to dismissal under the terms of the Fire Mobilization Plan and Fire Mobilization Temporary Employment Certification.

It is the Washington State Patrol's policy to maintain a drug- and alcohol-free workplace. Drug abuse is a health hazard to the user and clearly undermines the workplace and causes unsafe work practices that are a danger to the abuser, to co-workers, and to the citizens of Washington State whose safety is one of our primary responsibilities.

Employees who may have a problem with drug abuse or chemical dependency are encouraged to seek assistance for rehabilitation.

Personnel Paid By Home Agency

Resource Order # **2101**

EMERGENCY FIREFIGHTER TIME REPORT				1. Identification Number F9201299 <i>Career</i>	
2. Social Security Number		3. Initial Employment (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No		4. Type of Employment (X one) <input type="checkbox"/> Casual <input type="checkbox"/> Regular Gov't. Employee <input type="checkbox"/> Other <i>Thurston # 25</i>	
5. Transferred From		6. Hired At		7. Employee Has (X one) <input type="checkbox"/> Been Discharged <input type="checkbox"/> Quit	
				8. Entitled To Return Travel Time (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
				9. Entitled to Return Transportation (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No	

ZIP CODE MUST BE ENTERED BELOW				IN CASE OF ACCIDENT NOTIFY			
10. Name (First, Middle, Last) <i>Jack R. Smith</i>				15. Name <i>Sue Smith</i>			
11. Street Address <i>1318 Smith Road SE</i>				16. Street Address <i>Same</i>			
12. City <i>Olympia</i>		13. State <i>WA</i>		14. Zip Code <i>98501</i>		17. City	
				18. State		19. Telephone No. (Include Area) <i>360-596-4321</i>	

20. FIRE LOCATION IDENTIFICATION														
Column A			Column B			Column C			Column D					
1. Fire Name <i>Rock Candy Mtn Fire</i>			1. Fire Name			1. Fire Name			1. Fire Name					
2. Fire No. <i>WA-WFS-501</i>			2. Fire No.			2. Fire No.			2. Fire No.					
3. Unit Code			3. Unit Code			3. Unit Code			3. Unit Code					
4. Fire Location			4. Fire Location			4. Fire Location			4. Fire Location					
5. State			5. State			5. State			5. State					
6. Firefighter Classification <i>STEN</i>			6. Firefighter Classification			6. Firefighter Classification			6. Firefighter Classification					
7. Rate			7. Rate			7. Rate			7. Rate					
8. Date and Time a. Year <i>2014</i>			8. Date and Time			8. Date and Time			8. Date and Time					
a. Year			a. Year			a. Year			a. Year					
Mo. b.	Day c.	Start d.	Stop e.	Hours f.	Mo. b.	Day c.	Start d.	Stop e.	Hours f.	Mo. b.	Day c.	Start d.	Stop e.	Hours f.

Qualification Card required if assigned as Strike Team Leader trainee or above.

Complete ONLY the OF-288 Emergency Firefighter Time Report. DO NOT complete a W-4 or WSP Waiver.

When you demobe from the incident, you will receive the original OF-288. You must return this form to your home agency who will submit for reimbursement.

If you complete a W-4 & Waiver, you will receive a check from the WSP. This will delay reimbursement to your agency until the check is returned.

9. Total Hours			9. Total Hours			9. Total Hours			9. Total Hours		
10. Gross Amount (item 7 x item 9)			10. Gross Amount (item 7 x item 9)			10. Gross Amount (item 7 x item 9)			10. Gross Amount (item 7 x item 9)		
11. Inclusive Dates			11. Inclusive Dates			11. Inclusive Dates			11. Inclusive Dates		
12. Time Officer's Signature			12. Time Officer's Signature			12. Time Officer's Signature			12. Time Officer's Signature		
13. Date Signed			13. Date Signed			13. Date Signed			13. Date Signed		

21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.										22. Commissary Record				
A. Comm. BO 2800	B. Rate	C. Miles*/Hours	D. Accounting Classification			E. Object Class			F. Amount	a. Date	b. Item	c. Amount		
			(a)	(b)	(c)	(a)	(b)	(c)						
23. Remarks										Total				
										Total				
										Total				
										Total				
NOTE: The above items are correct and proper for payment from available appropriations.										24. ADO Check Number and Stamp				
25. Employee (Signature)						26. Time Officer (Signature)						Gross Earning	Comm. Deduct.	Net Earning

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Personnel Paid By the Washington State Patrol

INCIDENT TIME REPORT										1. Hired At (e.g., ID-BOF)		
2. Employee Common Identifier 987-65-4321					3. Type of Employment (X One) <input checked="" type="checkbox"/> Casual <input type="checkbox"/> Federal <input type="checkbox"/> Other					4. Hiring Unit Name (e.g., Ranger District) Thurston # 25		
5. Name (First, Middle, Last) George Washington							6. Hiring Unit Phone Number 360-123-4567			7. Hiring Unit Fax Number		
Column A			Column B			Column C			Column D			
			Same as Column <input type="checkbox"/> A			Same as Column <input type="checkbox"/> A <input type="checkbox"/> B			Same as Column <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
8. Incident Name Twinkie Ridge Fire			8. Incident Name			8. Incident Name			8. Incident Name			
9. Incident Order Number (e.g., ID-BOF-000123) WA-WFS-701			9. Incident Order Number (e.g., ID-BOF-000123)			9. Incident Order Number (e.g., ID-BOF-000123)			9. Incident Order Number (e.g., ID-BOF-000123)			
10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33) E-2104		10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)		10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)		
12. Position Code (e.g., CRWB-T) FF1	13. AD Class (e.g., B)	14. AD Rate \$ 17.00		12. Position Code (e.g., CRWB-T)	13. AD Class (e.g., B)	14. AD Rate \$		12. Position Code (e.g., CRWB-T)	13. AD Class (e.g., B)	14. AD Rate \$		
15. Home/Hiring Unit Accounting Code WFS-701			15. Home/Hiring Unit Accounting Code			15. Home/Hiring Unit Accounting Code			15. Home/Hiring Unit Accounting Code			
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	<p style="color: red; font-weight: bold;">The following must be completed:</p> <p style="color: red; font-weight: bold;">OF-288 Incident Time Report</p> <p style="color: red; font-weight: bold;">WSP Waiver (Use mailing address; Verify DOB; Revision date 5/08 or later)</p> <p style="color: red; font-weight: bold;">Current W-4 (Use mailing address)</p> <p style="color: red; font-weight: bold;">Failure to complete these forms will delay reimbursement!</p> <p style="color: red; font-weight: bold;">Volunteers receive a copy of the OF-288. The original is kept by Mobe to process payment.</p>			
Year		16. Total Hours		Year		16. Total Hours		17. Total Hours (all columns):				
<i>In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel</i>												
18. Commissary and Travel						For Payment Center use only						
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)		18d. Reimbursement	18e. Deduction	18f. FireCode		<p style="color: red; font-weight: bold;">State payroll dates are the 10th & 25th of each month. If you have not received a check within two pay periods from the date of demobilization, please contact us at FPBMobe@wsp.wa.gov or (360) 596-3945.</p>				
Total				\$	\$			20. Employee Signature				
19. Remarks Volunteer pd by WSP						21. Time Officer Signature						
						NOTE: The above items are correct and proper for payment from available appropriations.						

Personnel Paid By Home Agency

INCIDENT TIME REPORT										1. Hired At (e.g., ID-BOF)									
2. Employee Common Identifier					3. Type of Employment (X One) <input type="checkbox"/> Casual <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Other					4. Hiring Unit Name (e.g., Ranger District) Thurston # 19									
5. Name (First, Middle, Last) Abraham Lincoln					6. Hiring Unit Phone Number 360-987-6541					7. Hiring Unit Fax Number									
Column A					Column B					Column C					Column D				
8. Incident Name Twinkie Ridge Fire					8. Incident Name <input type="checkbox"/> A					8. Incident Name <input type="checkbox"/> A <input type="checkbox"/> B					8. Incident Name <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C				
9. Incident Order Number (e.g., ID-BOF-000123) WA-WFS-701					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)				
10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33) O-2101			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)		
12. Position Code (e.g., CRWB-T) STEN		13. AD Class (e.g., B)	14. AD Rate \$		12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)	14. AD Rate \$		12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)	14. AD Rate \$		12. Position Code (e.g., CRWB-T)		13. AD Class (e.g., B)	14. AD Rate \$	
15. Home/Hiring Unit Accounting Code WFS-701					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code				
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours
Year					16. Total Hours					Year					16. Total Hours				
In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel										17. Total Hours (all columns):									
18. Commissary and Travel										For Payment Center use only									
18a. Month		18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)			18d. Reimbursement		18e. Deduction		18f. FireCode									
					Total \$		\$												
19. Remarks Career FF pd by fire district										20. Employee Signature									
										21. Time Officer Signature									

Qualification card required if assigned as a Strike Team Leader trainee or above.

Complete ONLY the OF-288 Incident Time Report. DO NOT complete a W-4 or WSP Waiver.

Career personnel receive the original OF-288 which should be returned to the home unit who will submit for reimbursement. A copy of the OF-288 is kept by Mobe.

If a W-4 & Waiver are completed, you will receive a check from WSP. This will delay reimbursement to your agency until the check is returned.

NOTE: The above items are correct and proper for payment from available appropriations.

Department Equipment

EMERGENCY EQUIPMENT—USE INVOICE

PAGE ____ OF ____

1. CONTRACTOR a. name and address <i>Thurston # 25</i> <i>POB 42600</i> <i>Olympia WA 98504</i> b. TIN/SSN				2. INCIDENT OR PROJECT NAME <i>Rock Candy Mountain Fire</i>			
5. EQUIPMENT (list make, model, serial number, etc.) <i>B-251 WA license: 34545C</i> <i>2012 Ford F450 Type 6 Engine</i>				3. AGREEMENT NUMBER (from OF-294)			
				4. EFFECTIVE DATES OF AGREEMENT a. beginning _____ b. ending _____			
9. ADMINISTRATIVE OFFICE FOR PAYMENT <i>Washington State Patrol -</i> <i>Mobilization</i>				6. POINT OF HIRE (location when hired) <i>Olympia</i>			
				7. DATE OF HIRE <i>7/2/14</i>		8. TIME OF HIRE <i>13:00</i>	
10. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)				11. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT			
				12. RESOURCE ORDER NUMBER <i>2103</i>			
				13. YEAR 20____ DA____			
14. WORK OR DAILY RATE a. UNITS WORKED (MI/HR/DA)		b. RATE		c. AMOUNT			
15. SPECIAL RATE a. UNITS WORKED (MI/HR/DA)		b. RATE		c. AMOUNT			
16. TOTAL AMOUNT EARNED (14c + 15c)			17. GUARANTEE		18. AMOUNT (COLUMN 16 OR 17, WHICHEVER IS GREATER)		
<p>Reminders: All equipment is hired at a wet rate inclusive of all fuel, oil, maintenance, repair, insurance, and incidental cost. Equipment will be used on uninimproved roads, steep, hilly, rocky terrain, and subject to extreme heat, dust, and smoky conditions.</p>							
19. CHARGE CODE			20. OBJECT CODE				
20. EQUIPMENT WAS <input type="checkbox"/> RELEASED <input type="checkbox"/> WITHDRAWN DATE: _____ TIME: _____			23. GROSS AMOUNT DUE				
22. REMARKS			24. ITEM 23 FROM PREVIOUS PAGE				
			25. TOTAL AMOUNT DUE				
			26. DEDUCTIONS (attach statement)				
			27. ADDITIONS (attach statement)				
28. NET AMOUNT DUE							
29. NOTE: CONTRACT RELEASE FOR AND IN CONSIDERATION OF RECEIPT OF PAYMENT IN THE AMOUNT SHOWN ON "NET AMOUNT DUE" LINE 28. CONTRACTOR HEREBY RELEASES THE GOVERNMENT FROM ANY AND ALL CLAIMS ARISING UNDER THIS AGREEMENT EXCEPT AS RESERVED IN "REMARKS" BLOCK 22.							
30. CONTRACTOR'S SIGNATURE			31. DATE	32. RECEIVING OFFICER'S SIGNATURE			
34. PRINT NAME AND TITLE			35. PRINT NAME AND TITLE				

Privately Owned Vehicle

EMERGENCY EQUIPMENT—USE INVOICE

PAGE ____ OF ____

1. CONTRACTOR a. name and address <i>Jack Smith</i> <i>1318 Smith Road SE</i> <i>Olympia WA 98501</i> b. EIN/SSN <i>SSN: 123-45-6789</i>				2. INCIDENT OR PROJECT NAME <i>Rock Candy Mountain Fire</i>							
5. EQUIPMENT (list make, model, serial number, etc.) <i>WA license: A12345B</i> <i>2012 Ford Expedition</i>				3. AGREEMENT NUMBER (from OF-294) 4. EFFECTIVE DATES OF AGREEMENT a. beginning _____ b. ending _____							
9. ADMINISTRATIVE OFFICE FOR PAYMENT <i>Washington State Patrol -</i> <i>Mobilization</i>				6. POINT OF HIRE (location when hired) <i>Olympia</i>		7. DATE OF HIRE <i>7/2/14</i>		8. TIME OF HIRE <i>13:00</i>			
10. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)				11. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT							
12. RESOURCE ORDER NUMBER <i>2101</i>											
13. YEAR		14. WORK OR DAILY RATE			15. SPECIAL RATE			16. TOTAL AMOUNT EARNED (14c + 15c)	17. GUARANTEE	18. AMOUNT (COLUMN 16 OR 17, WHICHEVER IS GREATER)	
20 MO	DA	a. UNITS WORKED (MI/HR/DA)	b. RATE	c. AMOUNT	a. UNITS WORKED (MI/HR/DA)	b. RATE	c. AMOUNT				
<p>The following MUST be completed to receive reimbursement: OF-286 Emergency Equipment Use Invoice DES Payee Registration W-9 (The DES substitute W-9 may be completed in place of a separate W-9) Failure to complete these forms will delay your reimbursement!</p>											
19. CHARGE CODE				20. OBJECT CODE				23. GROSS AMOUNT DUE			
20. EQUIPMENT WAS <input type="checkbox"/> RELEASED <input type="checkbox"/> WITHDRAWN DATE: _____ TIME: _____				24. ITEM 23 FROM PREVIOUS PAGE				25. TOTAL AMOUNT DUE			
22. REMARKS				26. DEDUCTIONS (attach statement)				27. ADDITIONS (attach statement)			
29. NOTE: CONTRACT RELEASE FOR AND IN CONSIDERATION OF RECEIPT OF PAYMENT IN THE AMOUNT SHOWN ON "NET AMOUNT DUE" LINE 28. CONTRACTOR HEREBY RELEASES THE GOVERNMENT FROM ANY AND ALL CLAIMS ARISING UNDER THIS AGREEMENT EXCEPT AS RESERVED IN "REMARKS" BLOCK 22.				28. NET AMOUNT DUE				30. CONTRACTOR'S SIGNATURE			
30. CONTRACTOR'S SIGNATURE				31. DATE				32. RECEIVING OFFICER'S SIGNATURE			
34. PRINT NAME AND TITLE				35. PRINT NAME AND TITLE				33. DATE			



Crew Time Reports

CTR Showing Muster, Travel & Check-in Only

CTR Showing Muster, Travel, Check-in & Initial Assmt

CREW TIME REPORT						
(1) CREW NAME <i>Central Region Strike Team # 2</i>			(2) CREW NUMBER <i>2105</i>			
(3) OFFICE RESPONSIBLE FOR FIRE		(4) FIRE NAME <i>Rock Candy Mountain Fire</i>		(5) FIRE NUMBER		
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE <i>7/2/14</i>		(10) DATE	
			Military Time		Military Time	
			ON	OFF	ON	OFF
<i>M</i>	<i>Steve Jones</i>	<i>ENGB</i>	<i>13:00</i>	<i>15:00</i>		
	<i>Robert Smith</i>	<i>FF1</i>	↓	↓		
	<i>Jon Blackwell</i>	<i>FF1</i>	↓	↓		
<i>T</i>	<i>Steve Jones</i>	<i>ENGB</i>	<i>15:00</i>	<i>19:30</i>		
	<i>Robert Smith</i>	<i>FF1</i>	↓	↓		
	<i>Jon Blackwell</i>	<i>FF1</i>	↓	↓		
<i>C</i>	<i>Steve Jones</i>	<i>ENGB</i>	<i>19:30</i>	<i>20:00</i>		
	<i>Robert Smith</i>	<i>FF1</i>	↓	↓		
	<i>Jon Blackwell</i>	<i>FF1</i>	↓	↓		
(11) REMARKS <i>Muster & Travel to Rock Candy Mountain Fire</i>						
<i>C Check-in</i>						
(12) OFFICER-IN-CHARGE (Signature)			(13) TITLE (Officer-in-Charge)			
(14) NAME (Person Posting to Emergency Time Report)			(15) DATE			

CREW TIME REPORT						
(1) CREW NAME <i>Central Region Strike Team # 2</i>			(2) CREW NUMBER <i>2105</i>			
(3) OFFICE RESPONSIBLE FOR FIRE		(4) FIRE NAME <i>Rock Candy Mountain Fire</i>		(5) FIRE NUMBER		
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE <i>7/2/14</i>		(10) DATE <i>7/3/14</i>	
			Military Time		Military Time	
			ON	OFF	ON	OFF
<i>M/T</i>	<i>Steve Jones</i>	<i>ENGB</i>	<i>13:00</i>	<i>19:30</i>		
	<i>Robert Smith</i>	<i>FF1</i>	↓	↓		
	<i>Jon Blackwell</i>	<i>FF1</i>	↓	↓		
<i>C</i>	<i>Steve Jones</i>	<i>ENGB</i>	<i>19:30</i>	<i>20:00</i>		
	<i>Robert Smith</i>	<i>FF1</i>	↓	↓		
	<i>Jon Blackwell</i>	<i>FF1</i>	↓	↓		
<i>B</i>	<i>Steve Jones</i>	<i>ENGB</i>			<i>06:00</i>	<i>06:30</i>
	<i>Robert Smith</i>	<i>FF1</i>			↓	↓
	<i>Jon Blackwell</i>	<i>FF1</i>			↓	↓
<i>1</i>	<i>Steve Jones</i>	<i>ENGB</i>			<i>06:30</i>	<i>18:30</i>
	<i>Robert Smith</i>	<i>FF1</i>			↓	↓
	<i>Jon Blackwell</i>	<i>FF1</i>			↓	↓
(11) REMARKS <i>M/T Travel to Rock Candy Mountain Fire</i>						
<i>C Check-in</i>						
<i>B Briefing / RP Rig Prep</i>						
<i>1) Assigned to Division B - Structure Protection</i>						
<i>1/2 Hr Compensable Lunch</i>						
(12) OFFICER-IN-CHARGE (Signature)			(13) TITLE (Officer-in-Charge)			
(14) NAME (Person Posting to Emergency Time Report)			(15) DATE			

Please Note:

Camp set up is not eligible for reimbursement and should not be recorded on the CTR.

Line personnel only - Lunch breaks are considered on-duty time and should be recorded in the Remarks Section as "1/2 Hr Compensable Lunch".

Excessive muster and travel time will be deducted from your recorded hours unless a reasonable justification is provided to and approved by the assigned Mobilization Representative.

Time required for vehicle/equipment servicing or maintenance is not compensable.

If the apparatus is out of service and the crew is reassigned to other units, it must be documented on the CTR. If it is not documented, the hours for those personnel will not be compensable.

Emergency Equipment Shift Ticket

Showing Initial Response to a Mobilization Incident

EMERGENCY EQUIPMENT SHIFT TICKET				Resource Order # 2103	
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.					
1. AGREEMENT NUMBER		2. CONTRACTOR (name) Thurston # 25			
3. INCIDENT OR PROJECT NAME Rock Candy Mtn Fire		4. INCIDENT NUMBER WA-WFS-501		5. OPERATOR (name) John Smith	
6. EQUIPMENT MAKE Ford		7. EQUIPMENT MODEL F450		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER B-251		10. LICENSE NUMBER 34545C		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR 7/2/14	13. EQUIPMENT USE HOURS/DAYS/MILES (circle one)		14. REMARKS (released, down time and cause, problems, etc.) Type 6 Engine Starting Mileage from Home: 10,100 Ending Mileage arriving Incident: 10,300		
START	STOP	WORK			
	15:00	19:30	4.5	Travel	
					15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor
					16. INVOICE POSTED BY (Recorder's initials)
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE Robert Whitehall			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED

NSN 7540-01-119-5628 50297-102 OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI

Indicate type of engine or tender.

On the initial travel day, keep track of both the hours worked and miles driven. (*Travel time is calculated as miles from home unit to incident divided by 45 mph.*)

DO NOT include muster, check-in, briefing, demobe or rehab time on the equipment.

Example Showing Travel and Working on Same Emergency Equipment Shift Ticket

EMERGENCY EQUIPMENT SHIFT TICKET				Resource Order # 2103	
NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.					
1. AGREEMENT NUMBER		2. CONTRACTOR (name) Thurston # 25			
3. INCIDENT OR PROJECT NAME Rock Candy Mtn Fire		4. INCIDENT NUMBER WA-WFS-501		5. OPERATOR (name) John Smith	
6. EQUIPMENT MAKE Ford		7. EQUIPMENT MODEL F450		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER B-251		10. LICENSE NUMBER 34545C		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR	13. EQUIPMENT USE HOURS/DAYS/MILES (circle one)		14. REMARKS (released, down time and cause, problems, etc.) Type 6 Engine Mileage from Home to incident 200 miles.		
START	STOP	WORK			
7/2/14	15:00	19:30	4.5	Travel	
7/3/14	06:30	18:30	12	Division "B"	
					15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor
					16. INVOICE POSTED BY (Recorder's initials)
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE Robert Whitehall			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED

NSN 7540-01-119-5628 50297-102 OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI

Emergency Equipment Shift Ticket

Command Vehicle - Department Owned

EMERGENCY EQUIPMENT SHIFT TICKET				Resource Order # 2119	
<small>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</small>					
1. AGREEMENT NUMBER			2. CONTRACTOR (name)		
3. INCIDENT OR PROJECT NAME <i>Rock Candy Mtn Fire</i>			4. INCIDENT NUMBER <i>WA-WFS-501</i>		5. OPERATOR (name) <i>Thurston # 25 Billy Oates</i>
6. EQUIPMENT MAKE <i>Ford</i>		7. EQUIPMENT MODEL <i>Expedition</i>		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER <i>C-3</i>		10. LICENSE NUMBER <i>85588C</i>		11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR	13. EQUIPMENT USE HOURS/DAYS/MILES (circle one)		14. REMARKS (released, down time and cause, problems, etc.)		
	START	STOP	WORK	SPECIAL	
<i>7/2/14</i>	<i>1500</i>	<i>1930</i>	<i>200 miles</i>	<i>Travel</i>	
<i>7/3/14</i>	<i>0630</i>	<i>1830</i>	<i>150 miles</i>	<i>Division "C"</i>	
<i>7/4/14</i>	<i>0630</i>	<i>1900</i>	<i>25 miles</i>	<i>Division "D"</i>	
15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor					
16. INVOICE POSTED BY (Recorder's initials)					
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE <i>Billy Oates</i>			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED
<small>NSN 7540-01-119-5628 50297-102</small>			<small>OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI</small>		

Support Vehicle - Personal Vehicle

EMERGENCY EQUIPMENT SHIFT TICKET				Resource Order # 2598	
<small>NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.</small>					
1. AGREEMENT NUMBER			2. CONTRACTOR (name)		
3. INCIDENT OR PROJECT NAME <i>Rock Candy Mtn Fire</i>			4. INCIDENT NUMBER <i>WA-WFS-501</i>		5. OPERATOR (name) <i>Thurston # 27 Martha White</i>
6. EQUIPMENT MAKE <i>Ford</i>		7. EQUIPMENT MODEL <i>Escort</i>		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER		10. LICENSE NUMBER <i>LLL234</i>		11. OPERATING SUPPLIES FURNISHED BY <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR	13. EQUIPMENT USE HOURS/DAYS/MILES (circle one)		14. REMARKS (released, down time and cause, problems, etc.)		
	START	STOP	WORK	SPECIAL	
<i>7/2/14</i>	<i>23100</i>	<i>23175</i>	<i>75</i>	<i>Travel</i>	
<i>7/7/14</i>	<i>23200</i>	<i>23275</i>	<i>75</i>	<i>Travel</i>	
Mileage to/from Only					
15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor					
16. INVOICE POSTED BY (Recorder's initials)					
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE <i>Martha White</i>			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED
<small>NSN 7540-01-119-5628 50297-102</small>			<small>OPTIONAL FORM 297 (Rev. 7-90) USDA/USDI</small>		

Indicate vehicle type, i.e., command or support, and position at incident.

Line personnel - Keep track of miles driven and hours worked.

Command vehicles are reimbursed for mileage OR daily guarantee, whichever is higher.

Support personnel - Keep track of miles driven.

Support vehicles are reimbursed for mileage only for initial travel to and return travel home.

Emergency Equipment Fuel and Oil Issue

Command Vehicle

EMERGENCY EQUIPMENT FUEL AND OIL ISSUE					SEE COVER FOR INSTRUCTIONS.	
INCIDENT OR PROJECT NAME <i>Rock Candy Mtn Fire</i>		OWNER OF EQUIPMENT: <input type="checkbox"/> Contractor <input type="checkbox"/> Government Name <i>Thurston # 25</i>			Agency that owns the apparatus	
AGREEMENT NUMBER 2119 Resource Order #		TYPE OF EQUIPMENT <i>Command Vehicle</i>		LICENSE OR IDENTIFICATION NUMBER <i>85588C</i>		
COMMODITY (circle appropriate items) REGULAR GAS UNLEADED GAS DIESEL OIL OTHER (specify)		QUANTITY <i>25</i>	UNIT <i>Gallons</i>	UNIT PRICE <i>\$2.75</i>	AMOUNT <i>\$68.75</i>	
DATE AND TIME ISSUED <i>7/3/14 15:30</i>		REMARKS			TOTAL <i>\$68.75</i>	
ISSUING AGENT'S SIGNATURE			PRINT NAME AND TITLE			
RECEIVING AGENT'S SIGNATURE <i>Billy Oates</i>			PRINT NAME AND TITLE			
POSTED TO EQUIPMENT INVOICE (FINANCE USE ONLY); INITIALS					DATE	

NSN 7540-01-317-7366 50304-101

OPTIONAL FORM 304 (7-90) USDA/USDI

FINANCE ATTACH TO ISSUING AGENT'S OF -286

The cost of fuel obtained from a fuel truck at the incident will be deducted from the reimbursement for the equipment.

Unit Log

UNIT LOG		1. INCIDENT NAME	2. DATE PREPARED	3. PAGE NO.
		<i>Rock Candy Mnt Fire</i>	<i>7/2/14</i>	
4. REGION/FIRE		5. SUPERVISOR'S NAME AND POSITION		
		<i>Tom Jackson - STEN</i>		
ACTIVITY LOG				
6. TIME	MAJOR EVENTS			
<i>13:00</i>	<i>Type 6 Engine requested for the Rock Candy Mountain Fire. Resource # 2145</i>			
<i>19:30</i>	<i>Arrived at Basecamp. Checkin and get text set up.</i>		Brief description of work.	
7. PREPARED BY: (Print Name and Position) <i>Robert Gerard - Engine Boss</i>			8. SIGNATURE <i>Robert Gerard</i>	