Finance Envelope

If you are going to write on the Envelope - use a Black Sharpie Pen - Be legible

CONTRACTOR: Thurston # 25 2103

EMERGENCY EQUIPMENT RENTAL-USE ENVELOPE

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

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.

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.

EQUIPMENT TIME RECORDER _____ DATE _____ FINANCE SECTION CHIEF OR _____ DATE _____

Personnel Paid By the Washington State Patrol

How a time card should be completed for a Mobilization Incident

Resource Order # 2103

EMERGENCY FIREFIGHTER TIME REPORT

1. Identification Number: F9201299

2. Social Security Number: 111-11-1111
3. Initial Employment (X one): ☐ Yes ☐ No
4. Type of Employment (X one): ☐ Casual ☐ Regular Gov't. Employee ☐ Other Volunteer Thurston # 25
5. Transferred From
6. Hired At
7. Employee Has (X one): ☐ Been Discharged ☐ Quit
8. Entitled To Return Travel Time (X one): ☐ Yes ☐ No
9. Entitled to Return Transportation (X one): ☐ Yes ☐ No

ZIP CODE MUST BE ENTERED BELOW

10. Name (First, Middle, Last): John B. Smith
11. Street Address: 1313 Smith Road SE
12. City: Olympia
13. State: WA
14. Zip Code: 98501

Mailing Address

IN CASE OF ACCIDENT NOTIFY

15. Name: Jane Smith
16. Street Address: Same
17. City
18. State
19. Telephone No. (Include Area Code): 360-596-1234

Emergency Contact: Department, spouse, relative, etc.

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	5. State	5. State	4. Fire Location
5. State			5. State
6. Firefighter Classification: FF1	7. Rate	7. Rate	6. Firefighter Classification
7. Rate			7. Rate
8. Date and Time a. Year 2014			8. Date and Time 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.	Mo. b. / Day c. / Start d. / Stop e. / Hours f.
9. Total Hours			
10. Gross Amount (item 7 x item 9)			
11. Inclusive Dates			
12. Time Officer's Signature			
13. Date Signed	13. Date Signed	13. Date Signed	13. Date Signed

A Red Card is required if you wish to be paid at FF1 or higher, or if assigned as a Strike Team Leader trainee or above.

You MUST complete the following to receive your pay:

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 your 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.

If you have not received a check after 45 days from the date of demobilization please e-mail: FPBMobe@wsp.wa.gov or call (360) 596-3945.

21. SHOW "H" FOR HAZARD PAY AND "E" PLUS % FOR ENVIRONMENTAL DIFFERENTIAL IN THE "HOURS" COLUMN FOR REGULAR EMPLOYEES.

A. Comm. BO 2600	B. Rate	C. Miles*/ Hours	D. Accounting Classification (a)	(b)	(c)	E. Object Class (a)	(b)	(c)	F. Amount

Gross Salary or Equip. Rental

23. Remarks

Gross Earning

Comm. Deduct.

Net Earning

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

25. Employee (Signature)

26. Time Officer (Signature)

22. Commissary Record

a. Date	b. Item	c. Amount
Total		

24. ADO Check Number and Stamp

*Equipment rentals must be supported with OF-294 and OF-297.

NSN 7540-01-124-7833

OPTIONAL FORM 288 (Rev. 3/83)
USDA/USDI
50288-102

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Personnel Paid By Home Agency

How a time card should be completed for a Mobilization Incident

Resource Order # 2101

EMERGENCY FIREFIGHTER TIME REPORT

1. Identification Number: F9201299

2. Social Security Number
3. Initial Employment (X one) ☐ Yes ☐ No
4. Type of Employment (X one) Career ☐ Casual ☐ Regular Gov't. Employee ☐ Other Thurston # 25
5. Transferred From
6. Hired At
7. Employee Has (X one) ☐ Been Discharged ☐ Quit
8. Entitled To Return Travel Time (X one) ☐ Yes ☐ No
9. Entitled to Return Transportation (X one) ☐ Yes ☐ No

ZIP CODE MUST BE ENTERED BELOW

10. Name (First, Middle, Last): Jack R. Smith
11. Street Address: 1318 Smith Road SE
12. City: Olympia
13. State: WA
14. Zip Code: 98501

IN CASE OF ACCIDENT NOTIFY

15. Name: Sue Smith
16. Street Address: Same
17. City
18. State
19. Telephone No. (Include Area Code): 360-596-4321

Emergency Contact: Department, spouse, relative, etc.

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: STEN	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 a. Year	8. Date and Time a. Year	8. Date and Time a. Year

Mo. b.	Day c.	Start d.	Stop e.	Hours f.

A Red Card is 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 →
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.

A. Comm. BO 2600	B. Rate	C. Miles*/ Hours	D. Accounting Classification (a)	(b)	(c)	E. Object Class (a)	(b)	(c)	F. Amount

Gross Salary or Equip. Rental

23. Remarks

Gross Earning
Comm. Deduct.
Net Earning

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

25. Employee (Signature)
26. Time Officer (Signature)

22. Commissary Record

a. Date	b. Item	c. Amount
	Total →	

24. ADO Check Number and Stamp

*Equipment rentals must be supported with OF-294 and OF-297.

NSN 7540-01-124-7833

OPTIONAL FORM 288 (Rev. 3/83)
USDA/USDI
50288-102

PRINTED ON RECYCLED PAPER

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Department Equipment

How a use invoice should be completed for a Mobilization Incident

EMERGENCY EQUIPMENT—USE INVOICE

PAGE ____ OF ____

1. CONTRACTOR a. name and address
Thurston #25
POB 42600
Olympia WA 98504
b. EIN/SSN

2. INCIDENT OR PROJECT NAME: Rock Candy Mountain Fire

3. AGREEMENT NUMBER (from OF-294)

4. EFFECTIVE DATES OF AGREEMENT
a. beginning
b. ending

5. EQUIPMENT *(list make, model, serial number, etc.)*
B-251 WA license: 34545C
2012 Ford F450 Type 6 Engine

6. POINT OF HIRE *(location when hired)*: Olympia

7. DATE OF HIRE: 7/2/14

8. TIME OF HIRE: 13:00

9. ADMINISTRATIVE OFFICE FOR PAYMENT
Washington State Patrol - Mobilization

10. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY
☒ CONTRACTOR (wet) ☐ GOVERNMENT (dry)

11. OPERATOR FURNISHED BY
☒ CONTRACTOR ☐ GOVERNMENT

12. RESOURCE ORDER NUMBER: 2103

13. YEAR 20___ MO	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)

19. CHARGE CODE

20. OBJECT CODE

20. EQUIPMENT WAS ☐ RELEASED ☐ WITHDRAWN
DATE: TIME:

22. REMARKS

23. GROSS AMOUNT DUE

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

33. DATE

34. PRINT NAME AND TITLE

35. PRINT NAME AND TITLE

NSN 7540-01-120-4062 50286-102 FINANCE OPTIONAL FORM 286 (REV. 1-00) USDA/USDI

Privately Owned Vehicle

How a use invoice should be completed for a Mobilization Incident

EMERGENCY EQUIPMENT—USE INVOICE

PAGE ____ OF ____

1. CONTRACTOR a. name and address
Jack Smith
1318 Smith Road SE
Olympia WA 98501
b. EIN/SSN SSN: 111-11-1111

2. INCIDENT OR PROJECT NAME Rock Candy Mountain Fire

3. AGREEMENT NUMBER (from OF-294)

4. EFFECTIVE DATES OF AGREEMENT
a. beginning
b. ending

5. EQUIPMENT *(list make, model, serial number, etc.)*
WA license: 9749SP
2012 Ford Expedition

6. POINT OF HIRE *(location when hired)* Olympia

7. DATE OF HIRE 7/2/14

8. TIME OF HIRE 13:00

9. ADMINISTRATIVE OFFICE FOR PAYMENT
Washington State Patrol - Mobilization

10. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY
☒ CONTRACTOR (wet) ☐ GOVERNMENT (dry)

11. OPERATOR FURNISHED BY
☒ CONTRACTOR ☐ GOVERNMENT

12. RESOURCE ORDER NUMBER 2101

13. YEAR 20___ MO	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)

You MUST complete the following to receive reimbursement for your POV:
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!

19. CHARGE CODE

20. OBJECT CODE

20. EQUIPMENT WAS ☐ RELEASED ☐ WITHDRAWN
DATE: TIME:

22. REMARKS

23. GROSS AMOUNT DUE

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

33. DATE

34. PRINT NAME AND TITLE

35. PRINT NAME AND TITLE

NSN 7540-01-120-4062 50286-102 FINANCE OPTIONAL FORM 286 (REV. 1-00) USDA/USDI

Crew Time Reports

CTR Showing Muster, Travel & Check-in Only

CREW TIME REPORT

(1) CREW NAME: Central Region Strike Team # 2
(2) CREW NUMBER: 2105
(3) OFFICE RESPONSIBLE FOR FIRE:
(4) FIRE NAME: Rock Candy Mountain Fire
(5) FIRE NUMBER:

(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIF-ICATION	(9) DATE 7/2/14 Military Time ON	(9) OFF	(10) DATE Military Time ON	(10) OFF
M	Steve Jones	ENGB	13:00	15:00		
	Robert Smith	FF1	↓	↓		
	Jon Blackwell	FF1				
T	Steve Jones	ENGB	15:00	19:30		
	Robert Smith	FF1	↓	↓		
	Jon Blackwell	FF1				
C	Steve Jones	ENGB	19:30	20:00		
	Robert Smith	FF1	↓	↓		
	John Blackwell	FF1				

(11) REMARKS
Master & Travel to Rock Candy Mountain Fire
C Check-in

(12) OFFICER-IN-CHARGE (Signature)
(13) TITLE (Officer-in-Charge)
(14) NAME (Person Posting to Emergency Time Report)
(15) DATE

261-101 STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

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

CREW TIME REPORT

(1) CREW NAME: Central Region Strike Team # 2
(2) CREW NUMBER: 2105
(3) OFFICE RESPONSIBLE FOR FIRE:
(4) FIRE NAME: Rock Candy Mountain Fire
(5) FIRE NUMBER:

(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIF-ICATION	(9) DATE 7/2/14 Military Time ON	(9) OFF	(10) DATE 7/3/14 Military Time ON	(10) OFF
M/T	Steve Jones	ENGB	13:00	19:30		
	Robert Smith	FF1	↓	↓		
	Jon Blackwell	FF1				
C	Steve Jones	ENGB	19:30	20:00		
	Robert Smith	FF1	↓	↓		
	Jon Blackwell	FF1				
B	Steve Jones	ENGB			06:00	06:30
RP	Robert Smith	FF1			↓	↓
	Jon Blackwell	FF1				
1	Steve Jones	ENGB			06:30	18:30
	Robert Smith	FF1			↓	↓
	Jon Blackwell	FF1				

(11) REMARKS
M/T Travel to Rock Candy Mountain Fire
C Check-in
B Briefing / RP Rig Prep
1) Assigned to Division B - Structure Protectotion
1/2 Hr Compensable Lunch

(12) OFFICER-IN-CHARGE (Signature)
(13) TITLE (Officer-in-Charge)
(14) NAME (Person Posting to Emergency Time Report)
(15) DATE

261-101 STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

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.

Emegency 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 ☒ CONTRACTOR ☐ GOVERNMENT
9. SERIAL NUMBER: B-251; 10. LICENSE NUMBER: 34545C	11. OPERATING SUPPLIES FURNISHED BY ☒ CONTRACTOR (wet) ☐ GOVERNMENT (dry)

12. DATE MO/DAY/YR	13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) START	STOP	WORK	SPECIAL
7/2/14	15:00	19:30	4.5	Travel

14. REMARKS *(released, down time and cause, problems, etc.)*
Type 6 Engine
Starting Mileage from Home: 10,100
Ending Mileage arriving Incident: 10,300

15. EQUIPMENT STATUS
☐ a. Inspected and under agreement
☐ b. Released by Government
☐ c. Withdrawn by Contractor

16. INVOICE POSTED BY *(Recorder's initials)*

17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE	18. GOVERNMENT OFFICER'S SIGNATURE	19. DATE SIGNED
Robert Whitehall		

FINANCE

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 ☒ CONTRACTOR ☐ GOVERNMENT
9. SERIAL NUMBER: B-251; 10. LICENSE NUMBER: 34545C	11. OPERATING SUPPLIES FURNISHED BY ☒ CONTRACTOR (wet) ☐ GOVERNMENT (dry)

12. DATE MO/DAY/YR	13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) START	STOP	WORK	SPECIAL
7/2/14	15:00	19:30	4.5	Travel
7/3/14	06:30	18:30	12	Division "B"

14. REMARKS *(released, down time and cause, problems, etc.)*
Type 6 Engine
Mileage from Home to incident 200 miles.

15. EQUIPMENT STATUS
☐ a. Inspected and under agreement
☐ b. Released by Government
☐ c. Withdrawn by Contractor

16. INVOICE POSTED BY *(Recorder's initials)*

17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE	18. GOVERNMENT OFFICER'S SIGNATURE	19. DATE SIGNED
Robert Whitehall		

FINANCE

NSN 7540-01-119-5628
50297-102

OPTIONAL FORM 297 (Rev. 7-90)
USDA/USDI

Emegency Equipment Shift Ticket

Command Vehicle - Department Owned

EMERGENCY EQUIPMENT SHIFT TICKET — Resource Order # 2119

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)*: Billy Oates
6. EQUIPMENT MAKE: Ford
7. EQUIPMENT MODEL: Expedition
8. OPERATOR FURNISHED BY: ☐ CONTRACTOR ☐ GOVERNMENT
9. SERIAL NUMBER: C-3
10. LICENSE NUMBER: 85588C
11. OPERATING SUPPLIES FURNISHED BY: ☐ CONTRACTOR (wet) ☐ GOVERNMENT (dry)

12. DATE MO/DAY/YR	13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) START	STOP	WORK	SPECIAL
7/2/14	1500	1930	200 miles	Travel
7/3/14	0630	1830	150 miles	Division "C"
7/4/14	0630	1900	25 miles	Division "D"

14. REMARKS *(released, down time and cause, problems, etc.)*: Command Vehicle - STEN

Vehicle Type/Position @ Incident

15. EQUIPMENT STATUS
☐ a. Inspected and under agreement
☐ b. Released by Government
☐ c. Withdrawn by Contractor

16. INVOICE POSTED BY *(Recorder's initials)*:

17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE: Billy Oates
18. GOVERNMENT OFFICER'S SIGNATURE:
19. DATE SIGNED:

FINANCE

NSN 7540-01-119-5628
50297-102

OPTIONAL FORM 297 (Rev. 7-90)
USDA/USDI

Support Vehicle - Personal Vehicle

EMERGENCY EQUIPMENT SHIFT TICKET — Resource Order # 2598

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 # 27
3. INCIDENT OR PROJECT NAME: Rock Candy Mtn Fire
4. INCIDENT NUMBER: WA-WFS-501
5. OPERATOR *(name)*: Martha White
6. EQUIPMENT MAKE: Ford
7. EQUIPMENT MODEL: Escort
8. OPERATOR FURNISHED BY: ☐ CONTRACTOR ☐ GOVERNMENT
9. SERIAL NUMBER:
10. LICENSE NUMBER: LLL234
11. OPERATING SUPPLIES FURNISHED BY: ☐ CONTRACTOR (wet) ☐ GOVERNMENT (dry)

12. DATE MO/DAY/YR	13. EQUIPMENT USE HOURS/DAYS/MILES (circle one) START	STOP	WORK	SPECIAL
7/2/14	23100	23175	75	Travel
7/7/14	23200	23275	75	Travel
	Mileage Only			

14. REMARKS *(released, down time and cause, problems, etc.)*: Personal Vehicle - Assigned Finance

Vehicle Type/Position @ Incident

15. EQUIPMENT STATUS
☐ a. Inspected and under agreement
☐ b. Released by Government
☐ c. Withdrawn by Contractor

16. INVOICE POSTED BY *(Recorder's initials)*:

17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE: Martha White
18. GOVERNMENT OFFICER'S SIGNATURE:
19. DATE SIGNED:

FINANCE

NSN 7540-01-119-5628
50297-102

OPTIONAL FORM 297 (Rev. 7-90)
USDA/USDI

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: Rock Candy Mtn Fire	OWNER OF EQUIPMENT: ☐ Contractor ☐ Government Name: Thurston # 25 — Agency that owns the apparatus			
AGREEMENT NUMBER: 2119 — Resource Order #	TYPE OF EQUIPMENT: Command Vehicle	LICENSE OR IDENTIFICATION NUMBER: 85588C		
COMMODITY *(circle appropriate items)*: (REGULAR GAS) UNLEADED GAS DIESEL	QUANTITY: 25	UNIT: Gallons	UNIT PRICE: $2.75	AMOUNT: $68.75
OIL OTHER *(specify)*				
DATE AND TIME ISSUED: 7/3/14 15:30	REMARKS			TOTAL: $68.75
ISSUING AGENT'S SIGNATURE	PRINT NAME AND TITLE			
RECEIVING AGENT'S SIGNATURE: Billy Oates	PRINT NAME AND TITLE			
POSTED TO EQUIPMENT INVOICE *(FINANCE USE ONLY)*: *INITIALS*	*DATE*			

FINANCE ATTACH TO ISSUING AGENT'S OF -286

NSN 7540-01-317-7366 50304-101 — OPTIONAL FORM 304 (7-90) USDA/USDI

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

Unit Log

Resource Order # 2145

UNIT LOG

1. INCIDENT NAME: Rock Candy Mnt Fire	2. DATE PREPARED: 7/2/14	3. PAGE NO.
4. REGION/FIRE	5. SUPERVISOR'S NAME AND POSITION: Jim Blackwell - STEN	

ACTIVITY LOG

6. TIME	MAJOR EVENTS
13:00	Type 6 Engine requested for the Rock Candy Mountain Fire. Resource # 2145
19:30	Arrived at Basecamp. Checkin and get tent set up.

Brief description of work.

7. PREPARED BY: (Print Name and Position) Robert Gerard - Engine Boss	8. SIGNATURE: Robert Gerard

ORIGINAL—Fire File or Finance Section Chief; CANARY—Use as Needed; PINK—Personal Records