EMERGENCY EQUIPMENT - USE INVOICE

CONTRACTOR a. name and address									2. AGREEMENT NUMBER (from OF-294)				
									3. INCIDENT NAME/#				
									4. RESOURCE ORDER NUMBER				
b. EIN/SSN: c. DUNS:													
5. EQUIPMENT OR ANIMALS (list make, model, SN, etc.; ref. block 11 on OF294)									6. POINT OF HIRE (exact location when hired)				
									7. DATE O	7. DATE OF HIRE M D Y			
8. INCIDENT UNIT FOR PAYMENT									9. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY: CONTRACTOR (wet) GOVERNMENT (dry)				
									10. OPERATOR FURNISHED BY CONTRACTOR GOVERNMENT				
								11. Contractor Authorized Commissary:					
									() Yes (ref. block 25.) () No				
12. YEAR 2 MO DA		a. U WO	13. WORK OR DAILY a. UNITS b. RATE WORKED Mi/ Hr/ Da/			c. AMOUNT	14. SPECIAL a. UNITS WORKED (MI/HR/DA/	b. RATE	c. AMOUNT	EARNED	16. GUARANTEE (Ref. block 15 of OF294)	(COLUMN 15 OR 16 WHICHEVER IS GREATER)	
		SS/	DS/				SS/DS)					,	
18. CHARGE CODE									21. AMOUNT DUE THIS PAGE				
									22. ITEM 21 FROM PREVIOUS PAGE				
19. EQUIPMENT WAS : RELEASED WITHDRAWN M D Y									22. ITEM 21 FROM PREVIOUS PAGE				
	DATE: TIME:									23. ADDITIONS (attach statement)			
20. REMARKS (list number and types of attachments):								24. SUBTOTAL AMOUNT DUE					
								25. DEDUCTIONS (attach statement)					
									26. TOTAL				
DU	E" LINI	Ξ 26.	COI	NTRA	ACTOR HERE	BY RELEASE	S THE GOVE	RNMENT FRO		N THE AMOUNT SHO ALL CLAIMS ARISING		IOUNT	
					AS SPECIFIE GNATURE	ED IN "REMAR	RKS" BLOCK 2	20. 29. DATE	31 ALITHO	ORIZED GOVERNMI	ENT AGENT	32. DATE	
		.01						20. DATE		OVERNIMI			
30. PRINT NAME AND TITLE									33. PRINT NAME AND TITLE				

PRIVACY ACT STATEMENT: The information requested on this form is required under the provisions of 31 USC 82b and 82c, for the purpose of disbursing federal funds to the Contractor. The information is necessary to identify the contractor in Federal payment and reporting systems and shall be protected