

28 – Exhibit 08

VEHICLE/HEAVY EQUIPMENT SAFETY INSPECTION CHECKLIST, OF-
296 INSTRUCTIONS

1. Incident Name/Number. Enter the Incident Name and Number from the Resource Order.
2. Order/Request Number.
3. Owner/Vendor. Enter the equipment owner's name.
4. Agreement, PO or Contract No. Enter the agreement number from Block 2 of the Emergency Equipment Rental Agreement, OF-294.
5. Expires. Date Agreement, PO or Contract expires.
6. Make. Enter the make of the equipment being inspected, e.g., Dodge, Ford or Chevrolet.
7. Model Type. Enter the model type of the equipment being inspected.
8. Serial No./VIN. Enter the Serial Number/VIN number of the equipment being inspected.
9. License No. Enter the license number of the equipment being inspected.
10. Pre-Use Inspection. Enter whether or not the inspection was rejected or accepted.

Enter the Miles/Hrs, Date, and Time of inspection.

The contractor or authorized agent prints name and title in this block.

The government representative inspecting the equipment prints name and title in this block.

11. Release Inspection. Enter if there was Damage/No Claim.

28 – Exhibit 08 – Continued

VEHICLE/HEAVY EQUIPMENT SAFETY INSPECTION CHECKLIST, OF-
296 INSTRUCTIONS

Enter the Miles/Hrs, Date, and Time of inspection.

The contractor or authorized agent's signature and title in this block.

The government representative inspecting the equipment prints name and title in this block.

Sections I, III, IV. Select the appropriate section for the type of equipment being inspected. Inspect each item and check appropriate boxes for Pre-Use or Release, mark if the item does or does not apply.

Section II – Remarks. Describe any unsatisfactory item considered a safety item or indication of poor mechanical reliability is grounds for rejection until the equipment is repaired, e.g., no seat belts in a vehicle would be grounds for rejection. When equipment fails several items on the initial inspection, consideration should be given to rejecting the equipment.

28 – Exhibit 09

EMERGENCY EQUIPMENT SHIFT TICKET, OF-297

EMERGENCY EQUIPMENT SHIFT TICKET				
<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 AG-03KO-C-X-9295		2. CONTRACTOR (name) DoRight Construction E-1		
3. INCIDENT OR PROJECT NAME Bad Bear		4. INCIDENT NUMBER ID-BOF-080	5. OPERATOR (name) Tanner Jones	
6. EQUIPMENT MAKE Caterpillar Dozer		7. EQUIPMENT MODEL D6C	8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER 47A19652		10. LICENSE NUMBER	11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR	13. EQUIPMENT USE <small>(circle one)</small> HOURS/DAYS/MILES			14. REMARKS (released, down time and cause, problems, etc.) Under hire at 0600 at Nampa, ID Transported to Bad Bear Fire; arrived at 0830. 1600-1800 down for service 2000 - Operators off shift
	START	STOP	WORK	
8/5/XX	0830	1600	7.5	
8/5/XX	1800	2000	2	
				15. EQUIPMENT STATUS <input checked="" 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 Tanner Jones		18. GOVERNMENT OFFICER'S SIGNATURE Tinder Dry		19. DATE SIGNED 8/5/XX

FINANCE

28 – Exhibit 10

EMERGENCY EQUIPMENT SHIFT TICKET, OF-297 INSTRUCTIONS

1. Agreement No. Enter number from Block 2 of the EERA.
2. Contractor. Enter the contractor's name as shown in Block 4 of the EERA. Enter the contractor's resource order number.
3. Incident or Project Name. Enter incident name.
4. Incident Number. Enter the incident number.
5. Operator. Enter the names of all operators in Block 14, Remarks; note the operational periods that each operator was on duty.
6. Equipment Make. Enter the make of equipment from Block 9 of the EERA. (Note: Blocks 6 through 8 should reflect what is shown on the EERA and provided by the contractor.)
7. Equipment Model. Enter the model of equipment from Block 9 of the EERA.
8. Operator. Check one, in accordance with Block 6 of the EERA.
9. Serial Number. Enter serial number of equipment.
10. License Number. If equipment is licensed, enter license number of equipment (off-road, heavy equipment normally is not licensed).
11. Operating Supplies. Check one, in accordance with Block 7 of the EERA.
12. Date. Enter date of use.
13. Equipment Use. If the EERA, Block 11, specifies the rate of pay as days, miles or hours. Enter the start and stop times for an hourly pay rate, enter start to stop, mileage for miles, and day for days in the columns designated as start/stop. Calculate the hours

28 – Exhibit 10 – Continued

EMERGENCY EQUIPMENT SHIFT TICKET, OF-297 INSTRUCTIONS

worked or miles driven and enter in the work column. If the rate of pay is by the day, enter "1". (See EERA, Clause 7A.4.)

Enter any information in the "Special" column required in Block 12 of the EERA.

14. Remarks. Enter any information necessary to administer the terms of the EERA.
15. Equipment Status. Mark the appropriate blocks.
16. Invoice Posted By. Enter time recorder initials.
17. Contractor's or Authorized Agent's Signature. To be completed and signed by the appropriate contractor representative, normally at the end of each work shift or break in operational periods.
18. Government's Officer's Signature. To be signed by the incident official responsible for the immediate supervision of the equipment.
19. Date Signed. Enter the date shift ticket is signed.

28 – Exhibit 11

EMERGENCY EQUIPMENT SHIFT TICKET, OF-297 (TEST FORM)

EMERGENCY EQUIPMENT SHIFT TICKET				INVOICE POSTED BY (EQTR's initials)		
NOTE: The responsible Government Officer will complete and submit this form each day or shift.						
1. AGREEMENT NUMBER AG-03K0-C-X-9295		2. RESOURCE ORDER NUMBER E-1		3. CONTRACTOR (name) DoRight Construction		
4. INCIDENT NAME/# Bad Bear, ID-BOF-000080		5. NO. OF OPERATORS 1		6. OPERATOR (name)(s) Tanner Jones		
7. ITEM DESCRIPTION & VIN/SERIAL # Caterpillar Dozer, D6C, S/N 47A19652						
9. DATE		10. EQUIPMENT USE [ACTUAL TIME WORKED]		11. REMARKS (down time and cause, problems, etc.) Under hire at 0600 at Nampa, ID Transported to Bad Bear Fire; arrived at 0830 1600 - 1800 down for service 2000 - Operators off shift		
		(HRS/DAYS/MILES (circle one))				
MO/DA/YR	START	STOP	WORK			SPECIAL
8/5/XX	0830	1600	7.5			
8/5/XX	1800	2000	2			
12. EQUIPMENT STATUS						
a. Inspected and under agreement <input checked="" type="checkbox"/> b. Released by Govt. <input type="checkbox"/> c. Withdrawn by Contractor <input type="checkbox"/>						
13. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE Tanner Jones				15. AUTHORIZED GOVERNMENT AGENT SIGNATURE Tinder Dry		
14. PRINTED NAME AND TITLE Tanner Jones, Operator				16. PRINTED NAME AND TITLE Tinder Dry, DIVS		
				17. DATE SIGNED 8/5/XX		

NSN 7540-01-119-5628
50297-102

OPTIONAL FORM 297 (Test Form)
USDA/USDI

28 – Exhibit 12

EMERGENCY EQUIPMENT SHIFT TICKET, OF-297 (TEST FORM)
INSTRUCTIONS

1. Agreement No. Enter number from Block 2 of the EERA.
2. Resource Order No. Enter the incident order number request number, e.g., E#, under which the equipment was ordered.
3. Contractor. Enter the contractor's name as shown in Block 4 of the EERA.
4. Incident Name/#. Enter the incident name and number, e.g., ID-BOF-000080.
5. No. of Operators. Enter the number of operators as shown in Block 12 of the EERA.
6. Operator. Enter the names of all operators and the operational periods that each operator was on duty. Use Block 10, Remarks for additional operators.
7. Item Description & VIN/Serial #. Enter the equipment description from Block 11 of the EERA.
8. Date. Enter Month/Day/Year of equipment use.
9. Equipment Use. Record the actual time worked. Enter the start and stop times or beginning and ending mileage in the columns designated as start/stop. Calculate the hours worked or miles driven and enter in the work column.

Enter any information in the "Special" column required in Block 14 of the EERA.
10. Remarks. Enter any information necessary to administer the terms of the EERA.
11. Equipment Status. Mark the appropriate box.

28 – Exhibit 12 – Continued

EMERGENCY EQUIPMENT SHIFT TICKET, OF-297 (TEST FORM)
INSTRUCTIONS

12. Contractor's or Authorized Agent's Signature. To be completed and signed by the appropriate contractor representative, normally at the end of each work shift or break in operational periods.
13. Printed Name and Title. Print legibly.
14. Government Agent Signature. To be signed by the incident official responsible for the immediate supervision of the equipment.
15. Printed Name and Title. Print legibly.
16. Date Signed. Enter the date the shift ticket is signed.

28 – Exhibit 13

EMERGENCY EQUIPMENT USE INVOICE, OF-286

EMERGENCY EQUIPMENT – USE INVOICE

PAGE ____ OF ____

1. CONTRACTOR a. name and address DoRight Construction PO Box 1 113 Main Street Twodot, MT 59085 b. EIN/SSN 81-7766951				2. INCIDENT OR PROJECT NAME Bad Bear				3. AGREEMENT NUMBER (from OF-294) AG-03KO-C-X-9295			
5. EQUIPMENT (list make, model, serial number, etc.) Dozer, Caterpillar D6C Serial Number 47A19652				8. POINT OF HIRE (location when hired) Nampa, ID				4. EFFECTIVE DATES OF AGREEMENT a. beginning 5/1/XX b. ending 12/31/XX			
9. ADMINISTRATIVE OFFICE FOR PAYMENT USDA Forest Service Albuquerque Service Center Incident Finance Branch 101 B Sun Avenue NE Albuquerque, NM 87109				7. DATE OF HIRE 8/5/XX				B. TIME OF HIRE 0600			
				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 E-1							
13. YEAR 20XX		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)	
MO	DA	a. UNITS WORKED (M/HR/DA)	b. RATE	c. AMOUNT	a. UNITS WORKED (M/HR/DA)	b. RATE	c. AMOUNT				
8	5	1.0	1534.00	1534.00				1534.00		1534.00	
8	5	1.0	1534.00	1534.00				1534.00		1534.00	
19. CHARGE CODE P4B7CK (0402)				20. OBJECT CODE				23. GROSS AMOUNT DUE 3068.00			
21. EQUIPMENT WAS <input checked="" type="checkbox"/> RELEASED <input type="checkbox"/> WITHDRAWN DATE: 8/6/XX TIME: 1600								24. ITEM 23 FROM PREVIOUS PAGE			
22. REMARKS \$322.05 deduction for fuel Equipment was released in same condition as hired								25. TOTAL AMOUNT DUE 3068.00			
								26. DEDUCTIONS (attach statement) -322.05			
								27. ADDITIONS (attach statement)			
								28. NET AMOUNT DUE 2745.95			
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 Duddley DoRight				31. DATE 8/6/XX				32. RECEIVING OFFICER'S SIGNATURE Clock Watcher			
34. PRINT NAME AND TITLE Duddley DoRight, Owner								33. DATE 8/6/XX			
								35. PRINT NAME AND TITLE Clock Watcher, PROC			

28 – Exhibit 14

EMERGENCY EQUIPMENT USE INVOICE, OF-286 INSTRUCTIONS

1. Contractor. Enter contractor's name and mailing address from Block 4 of the EERA. It is important to confirm with the contractor that this is the current mailing address. The EIN/SSN must be completed.
2. Incident Name. Enter incident name.
3. Agreement Number. Enter the agreement number from Block 2 of the EERA.
4. Effective Dates. Enter the effective dates of the agreement from Block 3 of the EERA.
5. Equipment. Enter the equipment information and cross check with Block 9 of the EERA to ensure the equipment provided is the same equipment shown on the agreement.
6. Point of Hire. Enter the point of hire as specified in the agreement. It is mandatory this be completed to calculate travel time to and from the incident.
7. Date of Hire. Enter the date of hire from the agreement, the inspection, or the shift ticket.
8. Time of Hire. Enter time of hire from Block 13 or 14 of the shift ticket.
9. Administrative Office for Payment. Enter the name and address of the payment office designated by the incident agency or the EERA.
- 10-11. Operating Supplies and Operator. Check the appropriate boxes in accordance with Blocks 6 and 7 of the EERA.
12. Resource Order Number. Enter the incident order number and request number, e.g., E#, under which the equipment was ordered.

28 – Exhibit 14 – Continued

EMERGENCY EQUIPMENT USE INVOICE, OF-286 INSTRUCTIONS

13. Year, Month and Day. Enter appropriate calendar year, month, and day.
- 14-15. Work or Daily Rate. Enter the units worked in sub-block "A" from the shift ticket. Enter the rate in sub-block "B" from Block 11 of the EERA. Extend the units worked times the rate and enter the amount in sub-block "C".
16. Total Amount Earned. Add the totals of Blocks 14c and 15c and enter in Block 16.
17. Guarantee. Enter the guarantee from Block 13 of the EERA. If equipment is under a daily rate, there is no guarantee.
18. Amount. Enter the higher amount of Block 16 or Block 17.
19. Charge Code. Enter incident agency accounting code.
20. Object Code. Payment personnel complete the object code.
21. Released/Withdrawn. Check the appropriate box and enter the date and time from Blocks 13, 14, or 15 of the shift ticket.
22. Remarks. Enter any remarks necessary to explain the information on the invoice, such as the reasons for additions or deductions, or a pending claim.
23. Gross Amount Due. Total of entries in column 18.
24. Previous Page(s). If the invoice is more than one page in length, carry the amounts forward and enter in this block.
25. Total Amount Due. Total Blocks 23 and 24.
- 26-27. Deductions and Additions. Enter any additions or deductions to the invoice and explain in Block 22. Attach supporting documents to the invoice.

28 – Exhibit 14 – Continued

EMERGENCY EQUIPMENT USE INVOICE, OF-286 INSTRUCTIONS

28. Net Amount. Total of Blocks 25, 26, and 27.
29. Release. The contractor should read and agree with the statement in this block. If the contractor has any exceptions, it should be so noted in the remarks.
- 30, 31, 34. Contractor's Signature, Title, Date. The contractor or authorized agent signs, dates, and prints name and title in these blocks.
- 32, 33, 35. Receiving Officer's Signature, Title, Date. The Receiving Officer, normally the Procurement Unit Leader, signs, dates, and prints name and title in these blocks. It should be explained to the contractor that the invoice is subject to audit and errors will be corrected prior to payment.

28 – Exhibit 15

EMERGENCY EQUIPMENT USE INVOICE, OF-286 (TEST FORM)

1. CONTRACTOR a. name and address DoRight Construction PO Box 1 113 Main Street Twodot, MT 59085					2. AGREEMENT NUMBER (from OF-294) AG-03K0-C-X-9295						
					3. INCIDENT NAME/# Bad Bear ID-BOF-000080						
b. EIN/SSN: 81-7766951 c. DUNS: 205411122					4. RESOURCE ORDER NUMBER E-1						
5. EQUIPMENT OR ANIMALS (list make, model, SN, etc.; ref. block 11 on OF294) Dozer, Caterpillar D6C Serial Number 47A19652					6. POINT OF HIRE (exact location when hired) Nampa, ID						
					7. DATE OF HIRE M D Y 8 5 XX			8. TIME OF HIRE 0600			
9. INCIDENT UNIT FOR PAYMENT USDA Forest Service Albuquerque Service Center Incident Finance Branch 101 B Sun Avenue NE Albuquerque, NM 87109					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. Contractor Authorized Commissary: (X) Yes (ref. block 26.) () No						
13. YEAR 20XX MO DA		14. WORK OR DAILY RATE			15. SPECIAL RATE			16. TOTAL AMOUNT EARNED (14C + 15C)		17. GUARANTEE (Ref. block 15 of OF294)	18. AMOUNT (COLUMN 16 OR 17 WHICHEVER IS GREATER)
		a. UNITS WORKED MI/ Hr/ Da/ SS/DS/	b. RATE	c. AMOUNT	a. UNITS WORKED MI/HR/DA/ SS/DS)	b. RATE	c. AMOUNT				
8 5		1.0	1534.00	1534.00				1534.00			1534.00
8 6		1.0	1534.00	1534.00				1534.00			1534.00
19. CHARGE CODE P4B7CK (0402)					22. AMOUNT DUE THIS PAGE					3068.00	
20. EQUIPMENT WAS : <input checked="" type="checkbox"/> RELEASED <input type="checkbox"/> WITHDRAWN M D Y DATE: 8 6 XX TIME: 1600					23. ITEM 22 FROM PREVIOUS PAGE						
21. REMARKS (list number and types of attachments): \$322.05 deduction for fuel Equipment was released in same condition as hired					24. ADDITIONS (attach statement)						
					25. SUBTOTAL AMOUNT DUE					3068.00	
					26. DEDUCTIONS (attach statement)					-322.05	
					27. TOTAL AMOUNT DUE					2745.95	
28. Note: CONTRACT RELEASE FOR AND IN CONSIDERATION OF RECEIPT OF PAYMENT IN THE AMOUNT SHOWN ON "TOTAL AMOUNT DUE" LINE 27. CONTRACTOR HEREBY RELEASES THE GOVERNMENT FROM ANY AND ALL CLAIMS ARISING UNDER THIS AGREEMENT EXCEPT AS SPECIFIED IN "REMARKS" BLOCK 21.											
29. CONTRACTOR'S SIGNATURE Duddley DoRight					30. DATE 8/6/XX		32. AUTHORIZED GOVERNMENT AGENT Clock Watcher			33. DATE 8/6/XX	
31. PRINT NAME AND TITLE Duddley DoRight, Owner					34. PRINT NAME AND TITLE Clock Watcher, PROC						

28 – Exhibit 16

EMERGENCY EQUIPMENT USE INVOICE, OF-286 (TEST FORM)
INSTRUCTIONS

1. Contractor. Enter contractor's name and mailing address from Block 4 of the EERA. It is important to confirm with the contractor that this is the current mailing address. The EIN/SSN must be completed.
2. Agreement Number. Enter the agreement number from Block 2 of the EERA.
3. Incident Name/#. Enter the incident name and incident number, e.g., ID-BOF-000080.
4. Resource Order Number. Enter the incident order number and request number, e.g., E#, under which the equipment was ordered.
5. Equipment or Animals. Enter the equipment information and cross check with Block 11 of the EERA to ensure the equipment provided is the same equipment shown on the agreement.
6. Point of Hire. Enter the point of hire as specified in the agreement. It is mandatory this be completed to calculate travel time to and from the incident.
7. Date of Hire. Enter the date of hire from the resource order, the inspection, or the shift ticket.
8. Time of Hire. Enter time of hire from Block 9 of the shift ticket.
9. Incident Unit for Payment. Enter the name and address of the payment office designated by the incident agency or the EERA.
- 10-11. Operating Supplies and Operator. Check the appropriate boxes in accordance with Blocks 7 and 8 of the EERA.
12. Contractor Authorized Commissary. Refer to Block 9 on the EERA.

28 – Exhibit 16 – Continued

EMERGENCY EQUIPMENT USE INVOICE, OF-286 (TEST FORM)
INSTRUCTIONS

13. Year, Month and Day. Enter appropriate calendar year, month, and day.
- 14-15. Work or Daily Rate and Special Rate. Enter the units worked in sub-block "A" from the shift ticket. Enter the rate in sub-block "B" from Block 13 of the EERA. Extend the units worked times the rate and enter the amount in sub-block "C".
16. Total Amount Earned. Add the totals of Blocks 14c and 15c and enter in Block 16.
17. Guarantee. Enter the guarantee from Block 15 of the EERA. If equipment is under a daily rate, there is no guarantee.
18. Amount. Enter the higher amount of Block 16 or Block 17.
19. Charge Code. Enter incident agency accounting code.
20. Released/Withdrawn. Check the appropriate box and enter the date and time from Blocks 8, 9, 10, or 11 of the shift ticket.
21. Remarks. Enter any remarks necessary to explain the information on the invoice, such as the reasons for additions or deductions, or a pending claim.
22. Amount Due This Page. Total of entries in column 18 on this page.
23. Previous Page(s). If the invoice is more than one page in length, carry the amounts forward and enter in this block.
24. Additions. Enter any additions to the invoice and explain in Block 21. Attach supporting documents to the invoice.
25. Subtotal Amount Due. Total Blocks 22-24.

28 – Exhibit 16 – Continued

EMERGENCY EQUIPMENT USE INVOICE, OF-286 (TEST FORM)
INSTRUCTIONS

26. Deductions. Enter any deductions to the invoice and explain in Block 21. Attach supporting documents to the invoice.
27. Total Amount Due. Sum of Blocks 25 and 26.
28. Release. The contractor should read and agree with the statement in this block. If the contractor has any exceptions, it should be so noted in the remarks.
- 29, 30, 31. Contractor's Signature, Title, Date. The contractor or authorized agent signs, dates, and prints name and title in these blocks.
- 32, 33, 34. Authorized Government Agent Signature, Title, Date. The Receiving Officer, normally the Procurement Unit Leader, signs, dates, and prints name and title in these blocks. It should be explained to the contractor that the invoice is subject to audit and errors will be corrected prior to payment.

28 – Exhibit 17

EMERGENCY EQUIPMENT FUEL AND OIL ISSUE, OF-304

EMERGENCY EQUIPMENT FUEL AND OIL ISSUE						SEE COVER FOR INSTRUCTIONS.
INCIDENT OR PROJECT NAME Bad Bear		OWNER OF EQUIPMENT: <input checked="" type="checkbox"/> Contractor <input type="checkbox"/> Government Name DoRight Construction				E-1
AGREEMENT NUMBER AG-03K0-C-X-9295		TYPE OF EQUIPMENT Caterpillar Dozer D6C		LICENSE OR IDENTIFICATION NUMBER S/N 47A19652		
COMMODITY (circle appropriate items)		QUANTITY	UNIT	UNIT PRICE	AMOUNT	
REGULAR GAS UNLEADED GAS DIESEL		95	Gal	3.39	322.05	
OIL OTHER (specify)						
DATE AND TIME ISSUED 8/5/XX 2000		REMARKS			TOTAL	322.05
ISSUING AGENT'S SIGNATURE Splash Henderson		PRINT NAME AND TITLE Splash Henderson, Fueler				
RECEIVING AGENT'S SIGNATURE Tanner Jones		PRINT NAME AND TITLE Tanner Jones, Operator				
POSTED TO EQUIPMENT INVOICE (FINANCE USE ONLY); INITIALS					DATE	

FINANCE ATTACHED TO ISSUING AGENT'S OF-286

28 – Exhibit 18

EMERGENCY EQUIPMENT FUEL AND OIL ISSUE, OF-304
INSTRUCTIONS

1. Incident Name. Enter the incident name.
2. Owner of Equipment. If government owned, enter the agency and home unit. If contractor owned, enter the contractor's name as shown in Block 4 of the EERA. Enter the contractor's resource order number.
3. Agreement Number. If contractor owned, enter the agreement number from Block 2 of the EERA. If government owned, enter the request number.
4. Type of Equipment. If contractor owned, enter data from Block 9 of the EERA.
5. License or Identification Number. Enter serial number and/or license number of contractor's equipment. If government owned, enter identification number such as license number, serial number, or other identification number of the equipment.
6. Commodity. Identify the commodity provided.
7. Quantity. Enter the quantity provided.
8. Unit. Enter the unit of measure for the commodity provided.
9. Unit Price. Enter the unit price (obtained from the Procurement Unit Leader or Buying Team Leader) for the commodity provided.
10. Amount. The amount equal to the unit price (Block 9) times the quantity (Block 7).
11. Oil/Other. Enter any other products provided and compute extensions.
12. Date and Time Issued. Enter date and time issued.

28 – Exhibit 18

EMERGENCY EQUIPMENT FUEL AND OIL ISSUE, OF-304
INSTRUCTIONS

13. Remarks. Enter pertinent remarks.
14. Total. Enter total (commodity total plus oil/other total).
- 15-18. Signatures. The issuing agent and receiving agent signs, dates, and prints name and title at the time of issue.
19. Posted to Equipment Invoice. The individual posting the deduction to the invoice initials and dates.

28 – Exhibit 19

EMERGENCY EQUIPMENT FUEL AND OIL ISSUE, OF-304 (TEST FORM)

EMERGENCY EQUIPMENT FUEL AND OIL ISSUE <i>SEE COVER FOR INSTRUCTIONS</i>		POSTED TO EQUIPMENT INVOICE (FINANCE USE ONLY) INITIALS: _____ DATE: _____		
1. INCIDENT NAME AND NUMBER Bad Bear ID-BOF-000080		2. EQUIPMENT OWNERSHIP (AGENCY OR CONTRACTOR NAME): DoRight Construction		
3. RESOURCE ORDER NUMBER E-1		4. ITEM DESCRIPTION & VIN/SERIAL NUMBER Caterpillar Dozer, D6C, S/N 47A19652		
5. COMMODITY (circle appropriate items) UNLEADED GAS DIESEL		6. QUANTITY 95	7. UNIT Gal	8. UNIT PRICE 3.39
10. OIL OTHER (specify)				9. AMOUNT 322.05
11. DATE AND TIME ISSUED 8/5/XX 2000		12. REMARKS		13. TOTAL 322.05
14. FUEL DISPENSING AGENT'S SIGNATURE <i>Splash Henderson</i>		16. RECEIVING AGENT'S SIGNATURE <i>Tanner Jones</i>		
15. PRINT NAME AND TITLE Splash Henderson, Fueler NSN 7540-01-317-7388 50304-101		17. PRINT NAME AND TITLE Tanner Jones, Operator		

OPTIONAL FORM 304 (Test)
 USDA/USDI

28 – Exhibit 20

EMERGENCY EQUIPMENT FUEL AND OIL ISSUE, OF-304 (TEST
FORM) INSTRUCTIONS

1. Incident Name. Enter the incident name and incident number.
2. Equipment Ownership. If government owned, enter the agency and home unit. If contractor owned, enter the contractor's name as shown in Block 4 of the EERA.
3. Resource Order Number. Enter the incident order number request number, e.g., E# under which the equipment was ordered.
4. Item Description & VIN/Serial Number. Enter the type of equipment and the VIN or serial number.
5. Commodity. Identify the commodity provided.
6. Quantity. Enter the quantity provided.
7. Unit. Enter the unit of measure for the commodity provided.
8. Unit Price. Enter the unit price (obtained from the Procurement Unit Leader or Buying Team Leader) for the commodity provided.
9. Amount. The amount equal to the unit price (Block 8) times the quantity (Block 6).
10. Oil/Other. Enter any other products provided and compute extensions.
11. Date and Time Issued. Enter date and time issued.
12. Remarks. Enter pertinent remarks.
13. Total. Enter total (commodity total plus oil/other total).
- 14-17. Signatures. The issuing agent and receiving agent signs, dates, and prints name and title at the time of issue.

28 – Exhibit 20 – Continued

EMERGENCY EQUIPMENT FUEL AND OIL ISSUE, OF-304 (TEST
FORM) INSTRUCTIONS

18. Posted to Equipment Invoice. The individual posting the deduction to the invoice initials and dates.

28 – Exhibit 21

EMERGENCY EQUIPMENT RENTAL-USE ENVELOPE, OF-305

EMERGENCY EQUIPMENT RENTAL-USE ENVELOPE

CONTRACTOR <i>DorRight Construction</i>	
RESOURCE ORDER NO. <i>E-1</i>	ORDERED BY <i>Jerri Call</i>
ARRIVED AT MOBILIZATION POINT	LOCATION <i>Nampas, ID</i>
DATE <i>8-5-XX</i>	TIME <i>0600</i>
OPERATOR(S) <i>Tanner Jones</i>	
EQUIPMENT TYPE <i>Dorger</i>	SIZE <i>D6C</i>
DATE RELEASED <i>8-6-XX</i>	NUMBER <i>147419652</i>
	TIME RELEASED <i>1600</i>

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
- COMMISSARY ISSUES (IF APPLICABLE)
- OF-288 EMERGENCY FIREFIGHTER TIME REPORT (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

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.

Tim Timely
EQUIPMENT TIME RECORDER

8/7/XX
DATE

Will Buyvit, PUL
FINANCE SECTION CHIEF OR
PROCUREMENT UNIT LEADER

8/7/XX
DATE

NSN 7540-01-317-7367-50305-101

OPTIONAL FORM 305 (7-90)
USDA/USDI

ADMINISTRATIVE FOLLOWUP NEEDED
YES NO

REMARKS _____

CONTINUE ON REVERSE IF NECESSARY

NOTICE TO CONTRACTOR

REPORT TO: *Incident Command Post*

INCIDENT: *Bad Bear ID-PAF-000080*

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.

CONTRACTOR: