

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

MISSION ASSIGNMENT REIMBURSEMENT REQUEST TRANSMITTAL FORM

Section I: Agency Submission

| | |
|--|---|
| Agency: <input style="width: 90%;" type="text"/> | Current Bill Amount: <input style="width: 90%;" type="text"/> |
| Address: <input style="width: 90%;" type="text"/> | Fiscal POC: <input style="width: 90%;" type="text"/> |
| Agency Location Code: <input style="width: 90%;" type="text"/> | Phone Number: <input style="width: 90%;" type="text"/> |
| Agency Bill Number: <input style="width: 90%;" type="text"/> | POC E-mail Address: <input style="width: 90%;" type="text"/> |
| | Mission Assignment Number: <input style="width: 90%;" type="text"/> |

Mission Description: (Statement of Work)

Please indicate bill type: Partial Bill Re-submitted Bill Final Bill (No further obligations pending)

NOTE: Expenditures claimed have been reviewed and are relevant to the mission assigned. Costs are reasonable, supported by source documents maintained by this agency, and are not funded by another source. *(Include applicable signatures)*

| | | |
|--|---------------|-----------------------|
| _____ Primary Agency Project/Program Administrator | _____ Date | _____ Phone Number |
| _____ Support (Sub-Task) Agency Project/Program Administrator | _____ Date | _____ Phone Number |
| _____ Primary Agency Financial Officer | _____ Date | _____ Phone Number |
| _____ Support (Sub-Task) Agency Financial Officer | _____ Date | _____ Phone Number |

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APPROVE
FOR
USE

For additional information, refer to:
[National Response Framework \(NRF\)](#)

Section II: FEMA Use Only

| | |
|----------------|-----------------------------------|
| FFC POC: _____ | Payment Amount Approved: _____ |
| | Disallowed Amount (if any): _____ |
| | State Cost Share %: _____ |
| | State Cost Share Amount: _____ |

| Routing | Signature and Date |
|--|--------------------|
| Project Manager (PM) | _____ |
| Mission Assignment Manager (MAMG) | _____ |
| <i>In accordance with the Personal Property Manual (FEMA Manual 119-7-1), does the MAMG need to notify logistics of property item(s) billed?</i> | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Federal Approving Official (FAO)/Disaster Recovery Manager (DRM) _____ | |

See page 2 for continuation sheet and break-out by sub-object class code.

Section III: Billing Details

| | | | |
|----------------------|--|---------------------------|--|
| Agency Bill Number: | | Amount Previously Billed: | |
| Total MA Obligation: | | Current Billed Amount: | |
| | | Total Billed to Date: | |

| Current Charges | | \$ Amount |
|---|-------|-----------|
| Regular Hours (Non-appropriated only) | | |
| Overtime or Premium pay hours | | |
| 11xx Non-appropriated Wages, Overtime (OT), and Premium Pay | | |
| 21xx Travel of Persons | | |
| 22xx Transportation of Things | | |
| 25xx Service Contracts | | |
| Work Performed by Other Federal Agencies (sub-task): (Please list agencies below) | | |
| | | |
| 25xx Equipment Lease Contracts | | |
| 26xx Supplies/Materials | | |
| 31xx Equipment | | |
| Overhead/Indirect Cost | Rate: | |
| Other (Please include description below) | | |
| | | |
| Total Amount Billed: | | |

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Regular labor (salary) of permanent federal agency personnel and associated overhead costs are not eligible for reimbursement except when costs incurred would normally be paid from a trust, revolving, or other fund whose reimbursement is required by law. The Financial Manager of the agency requesting reimbursement for these costs must provide written certification with the bill stating that costs would normally be paid from a trust, revolving, or other fund.

Indirect costs must be defined and approved in advance.