

CSFS Cooperator Reimbursement Checklist (2009 Fire Season)

Please include one checklist with documentation from each mobilization. Attach a **separate Incident Invoice for each incident** during mobilization. CSFS Fire Division personnel will acknowledge receipt of reimbursement requests if email address is provided below.

Cooperator Name: _____

Date: _____

Incident Name(s): _____

DOCUMENTATION NEEDED FOR PAYMENT:

- Resource Order** copy for initial incident during current mobilization. Whenever possible, request resource orders for each additional incident assignment.
- Signed **CSFS Cooperator Incident Assignment Invoice** for each incident.
- Original **Emergency Firefighter Time Report(s)** (OF-288) from each incident. Original Crew Time Reports (OF-296) are required only when an EFTR is not issued.
- Salary Summary** form for each individual.
 - o Identify base and overtime hours for each day.
 - o Include hourly rates and benefits.
- Travel Expense Summary** form for each individual.
 - o Copy of GSA per diem rate documentation used.
 - o Copy of **lodging receipt(s)**.
 - o Copy of **rental vehicle receipt** with resource order authorization.
 - o Pink **Shift Ticket** for POV mileage documentation, if appropriate.
- Equipment Summary** form for each piece of equipment.
- Original **Emergency Equipment Use Invoice(s)** (OF-286) and pink copies of **Emergency Equipment Shift Tickets** (OF-297) from each incident.
- Fuel Summary** form with copies of itemized **fuel receipts**.
- Claims** for repair or replacement of tools or equipment
 - o Copies of **Vehicle/Heavy Equipment Safety Inspection Checklist(s)** (OF-296) (both pre- and post-use).
 - o Copy of **incident report/claim** documenting circumstances.
 - o Copy of **paid receipts** showing actual cost of items purchased or repaired.
- Current **CRRF** copy with approval signature(s).
- Additional expense documentation included:

Comments:

In case of questions, please contact:	
Department Contact Name	Phone
Email	Fax #