

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

VOLUNTEER FIRE COMPANY DISASTER ACTIVITY WORKSHEET

<b>VOLUNTEER FIRE COMPANY NAME:</b>	<b>FEMA DISASTER No.:</b>
<b>SERVICE LOCATION (COMMUNITY) :</b>	<b>DATE (S) OF SERVICE:</b>

SERVICE PERFORMED PUMPING EVACUATION STREET CLEANING OTHER (SPECIFY)	SPECIFIC LOCATION HOUSE No. STREET NAME	EQUIPMENT DESCRIPTION*	FEMA RATE *	<u>SERVICE TIME*</u> HOURS	<u>SERVICE TIME*</u> MILES	COST
			\$			\$
*REFER TO THE CURRENT FEMA "SCHEDULE OF EQUIPMENT RATES" FOR DESCRIPTION, RATE, AND UNIT OF REIMBURSEMENT (HOURS vs. MILES).						<b>\$ TOTAL</b>

**CERTIFICATIONS:**  
 I certify this is a true and correct description of the services requested by the elected officials.  
 I certify this is a true and correct description of the actual services provided.

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_ Signature of Recipient \_\_\_\_\_ Date \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

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