

DEPARTMENT OF HOMELAND SECURITY FEDERAL
EMERGENCY MANAGEMENT AGENCY
FORCE ACCOUNT LABOR SUMMARY RECORD

PAGE _____ OF _____

O.M.B. No. 1660-0017
Expires December 31, 2019

APPLICANT _____

PAID NO. _____

PROJECT NO. _____

DISASTER _____

LOCATION/SITE _____

CATEGORY _____

PERIOD COVERING _____

DESCRIPTION OF WORK PERFORMED _____

NAME	DATES AND HOURS WORKED EACH WEEK					COSTS				
	DATE	REG.	O.T.	REG.	O.T.	TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS
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