

IDAHO DEPARTMENT OF LANDS RESTAURANT OR LODGING AUTHORIZATION FORM INSTRUCTIONS FOR COMPLETION AND USE

The Restaurant or Lodging Authorization Form was developed by the Idaho Department of Lands (IDL). The form is to be completed as follows:

- Date & Time:** Self-explanatory.
- Resource Order Number:** The "S" number(s) from the Resource Order card must coincide with the original request for meals/lodging. Example: S-179, S-180.
- Fire/Incident Name:** Self-explanatory.
- Fire/Incident Number:** The fire or incident number. Example: ID-PLS-11010. Do not use the Paymars "P" number.
- Project Code:** Using the Help Desk procedures, CDA Fiscal will assign the Project Code at the request of the Area and District offices.
- Restaurant:** If meal(s) are being purchased, indicate the name of the restaurant. If the form is only for meals put an "X" through the lodging area.
- Placed With:** Enter the name of the person contacted at the restaurant.
- Time:** Self-explanatory.
- Type of Meal:** Check the correct block for breakfast, lunch, or dinner. Fill in the corresponding meal allowance as per the Emergency Equipment Rental Agreement, OF-294. Idaho Department of Lands rates are different from the US Forest Service. The government is tax exempt. Meals cannot include alcoholic beverages. Gratuity (maximum 15%) must be included as part of the rate.
- Authorization Number:** Fill in the name of the person authorized to sign for the meals and the number of meals authorized.
- Remarks:** Fill in appropriate information such as meal rates quoted for either a buffet meal or off-the-menu ordering.
- Hotel/Motel:** Enter the name of the hotel/motel. If the form is only for lodging put an "X" through the meals area.
- Placed With:** Enter the name of the person contacted at the hotel/motel.
- Time:** Self-explanatory.
- Rooms/Night:** Enter the number of rooms needed, how many nights and the price per night.
- Crew Name/Number:** Enter the name of the crew or individual. For example: Fort Belknap #3 or Joe Firefighter.
- Chief of Party:** IC, Crew Boss, or person responsible for insuring the crew follows instructions.
- Authorized By:** Signature of person placing order; i.e., Dispatcher, Incident Commander or designee, Buying Team, etc. Person must have authority to order.
- Title:** Self-explanatory.
- Billing Address:** Idaho Department of Lands
Bureau of Fire Management
3284 W. Industrial Loop
Coeur d'Alene ID 83815
- Fax Copies To:** (208) 769-1524