			E	MER	GENC	Y EQUI	PMENT –	USE INVOICE	PAGE	OF
1. CONTRACTOR a. name and address							2. INCIDENT	OR PROJECT NAME		
							3. AGREEMENT NUMBER (from OF-294)			
							4. EFFECTIVE DATES OF AGREEMENT a. beginning b. ending			
5. EQUIPMENT (list make, model, serial number, etc.)							6. POINT OF HIRE (location when hired)			
							7. DATE OF	HIRE	8. TIME OF HIRE	
9. ADMINISTRATIVE OFFICE FOR PAYMENT						10. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY				
								NTRACTOR (wet)		MENT (dry)
							12. RESOURCE ORDER NUMBER			
13. YEAR 20 MO DA	14. WORK (a. UNITS WORKED (MI/HR/DAY)	OR DAILY RA	ATE c. AMOUN	Ta.U WC	SPECIAL JNITS PRKED HR/DAY)	BATE b. RATE	c. AMOUNT	16. TOTAL AMOUNT EARNED (14C + 15C)	17. GUARANTEE	18. AMOUNT (COLUMN 16 OR 17, WHICHEVER IS GREATER)
19. CHARGE CODE 20. OBJECT CODE						Ε	23. GROSS AMOUNT DUE			
							24. ITEM 23	FROM PREVIOUS PAGE		
21. EQUIPM	MENT WAS DAT		ELEASED TII	W ∕IE:	ITHDRAW	N	25. TOTAL AMOUNT DUE			
							26. DEDUCT	TIONS (attach statement)		
22. REMARKS							27. ADDITIONS (attach statement)			
							28. NET AM	OUNT DUE		
COI		REBY RELE						N THE AMOUNT SHOWN ISING UNDER THIS AGRI		
30. CONTRACTOR'S SIGNATURE 31. DATE						DATE	32. RECEIVI	ING OFFICER'S SIGNATU	JRE	33. DATE
34. PRINT NAME AND TITLE							35. PRINT N	AME AND TITLE		

Emergency Equipment Deductions and Additions

(For use with OF-286 Blocks 26 and 27 - Deductions and Additions Statement)

		Invoice #:
		Official #:
1. CONTRACTOR		2. INCIDENT OR PROJECT NAME
		2a. ACCOUNTING CODE
5. EQUIPMENT		3. AGREEMENT NUMBER
Unique ID:	Make:	4. REPORT DATE/TIME
Request #:	Model:	

Activity Date	Description	Deductions	Additions
	Totals		