

**EMERGENCY EQUIPMENT – USE INVOICE**

1. CONTRACTOR a. Name and Address			2. INCIDENT OR PROJECT NAME						
			3. AGREEMENT NUMBER (from OF-294)						
b. LUMA Vendor No.			4. EFFECTIVE DATES OF AGREEMENT a. beginning    b. ending						
			5. EQUIPMENT (list make, model, serial number, etc.)			6. POINT OF HIRE (location when hired)			
9. ADMINISTRATIVE OFFICE FOR PAYMENT  Idaho Department of Lands Bureau of Fire Management 3284 W Industrial Loop Coeur d'Alene, ID 83815			10. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY  <input type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)						
			11. OPERATOR FURNISHED BY  <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT						
			12. RESOURCE ORDER NUMBER						
13. YEAR 20__ DA	14. WORK OR DAILY RATE		15. SPECIAL RATE			16. TOTAL AMOUNT EARNED (14C + 15C)	17. GUARANTEE	18. AMOUNT (COLUMN 16 OR 17, WHICHEVER IS GREATER)	
	a. UNITS WORKED (MI/HR/DAY)	b. RATE	c. AMOUNT	a. UNITS WORKED (MI/HR/DAY)	b. RATE	c. AMOUNT			
19. CHARGE CODE			20. OBJECT CODE			23. GROSS AMOUNT DUE			
						24. ITEM 23 FROM PREVIOUS PAGE			
21. EQUIPMENT WAS DATE: <input type="checkbox"/> RELEASED			TIME: <input type="checkbox"/> WITHDRAWN			25. TOTAL AMOUNT DUE			
22. REMARKS					26. DEDUCTIONS (attach statement)				
					27. ADDITIONS (attach statement)				
					28. NET AMOUNT DUE				
29. NOTE: CONTRACT RELEASE FOR AND IN CONSIDERATION OF RECEIPT OF PAYMENT IN THE AMOUNT SHOWN ON "NET AMOUNT DUE: LINE 28, CONTRACTOR HEREBY RELEASES THE GOVERNMENT FROM ANY AND ALL CLAIMS ARISING UNDER THIS AGREEMENT EXCEPT AS RESERVED IN "REMARKS" BLOCK 22.									
30. CONTRACTOR'S SIGNATURE				31. DATE		32. RECEIVING OFFICER'S SIGNATURE			33. DATE
34. PRINT NAME AND TITLE				35. PRINT NAME 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
5. EQUIPMENT Unique ID: _____ Make: _____ Request #: _____ Model: _____	2a. ACCOUNTING CODE 3. AGREEMENT NUMBER 4. REPORT DATE/TIME

Activity Date	Description	Deductions	Additions
<b>Totals</b>			