###### DPS Reimbursement Documentation Checklist

Please include one checklist with all documentation from **each mobilization**. Complete a **separate Invoice for each incident assignment** during the mobilization. DFPC/DHSEM personnel will acknowledge receipt of reimbursement requests if email address is provided below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Cooperator Name:** |  | **Date:** |  |
| **Incident Name(s):** |  | | |

***DOCUMENTATION NEEDED WITH REQUEST FOR REIMBURSEMENT INVOICE:***

Signed **Cooperator Incident Assignment Invoice** for **each incident**.

* + Indicate whether **Mutual Aid** applies to this resource for this incident or not.
  + Indicate if invoice is part of a reassignment.

**Resource Order** copy for initial mobilization. If no resource order is provided, explain why.

**Individual Salary Breakdown** form for each individual. If there are expenses for more than one Individual, include **Personnel Summary** form.

* + Identify base and overtime hours **OR** overtime and backfill hours for each day.
  + Include hourly rates and benefits.
  + Indicate specific regular schedule for permanent employees.

Original **Incident Time Report** (OF-288) from each incident.

* + Original Crew Time Reports (SF-261) are **NOT** required unless an OF-288 is not issued by the incident.
  + Include explanation if original incident documents are not included.
  + **MUST** verify return travel time or included CTR(s).

**Individual Travel Breakdown** form for each individual. If there are expenses for more than one Individual, include **Travel Expense Summary** form.

* + Copies of **lodging receipt(s)** are required.
  + Copy of **rental vehicle receipt** - **MUST** have resource order authorization.
  + **Shift Ticket** for POV mileage documentation, if appropriate.

Original **Emergency Equipment Use Invoice(s)** (OF-286) and pink copies of **Emergency Equipment Shift Tickets** (OF-297) for each piece of equipment from each incident. If there is more than one **Emergency Equipment Use Invoice,** include **Equipment Use Summary** form**.**

# Fuel Summary form with copies of itemized fuel receipts.

**Equipment Transport Summary** form for each piece of equipment. Include transport documentation when **engine, tender or ambulance** is hauled via lowboy transport or driven to incident beyond 300 miles from home unit.

# Invoice Preparation Expense form for administrative processing time (Still TBD).

# Repair/Replacement Expense form for lost or damaged tools and equipment. A request for reimbursement for repair or replacement of tools or equipment requires additional documentation:

* + Copies of **Vehicle/Heavy Equipment Safety Inspection Checklist**(s) [OF-296] (both pre- and post-use) when completed by incident.
  + Copy of **incident report** documenting circumstances of loss or damage.
  + Copy of **paid receipt(s)** showing actual cost of item(s) purchased or repaired.

Current **approved CRRF** copy.

|  |  |
| --- | --- |
| Comments and additional expense documentation included: |  |
|  | |
|  | |

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| --- | --- | --- |
| **Department contact(s) for questions:** | | ***Send invoices to the appropriate office:***  **DFPC for fire assignments**  **\* OR \***  **DHSEM for state  all-hazards assignments** |
|  |  |
| **Name** | **Phone #** |
|  |  |
| **Email** | **Fax #** |