

**FEDERAL EMERGENCY MANAGEMENT AGENCY
MATERIALS SUMMARY RECORD**

Page _____ of _____

1. APPLICANT	2. PA ID	3. PW #	4. DISASTER NUMBER
5. LOCATION/SITE		6. CATEGORY	7. PERIOD COVERING to
8. DESCRIPTION OF WORK PERFORMED			

VENDOR	DESCRIPTION	QUAN.	UNIT PRICE	TOTAL PRICE	DATE PURCHASED	DATE USED	INFO FROM (CHECK ONE)	
							INVOICE	STOCK
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
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			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
			\$	\$			<input type="checkbox"/>	<input type="checkbox"/>
GRAND TOTAL				\$				

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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