

**FLORIDA DIVISION OF EMERGENCY MANAGEMENT  
RENTED EQUIPMENT SUMMARY RECORD**

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APPLICANT	PA ID	PROJECT	DISASTER NUMBER
LOCATION/SITE	CATEGORY	PERIOD COVERING From: _____ To: _____	

DESCRIPTION OF WORK PERFORMED

VENDOR	TYPE OF EQUIPMENT (Size, capacity, horsepower, etc.)	RATE PER DAY/HOUR/WEEK	DATES/HOURS/WEEKS OF USE	TOTAL COST
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
<b>GRAND TOTAL:</b>				\$

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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