

**ARIZONA DIVISION OF EMERGENCY MANAGEMENT  
FORCE ACCOUNT LABOR SUMMARY RECORD**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

APPLICANT NAME

PW #

PCA #

LOCATION/SITE

CATEGORY

PERIOD COVERING  
TO

DESCRIPTION OF WORK PERFORMED

NAME & JOB TITLE	DATES AND HOURS WORKED EACH WEEK								COSTS				
	DATE								TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR \$ or %	TOTAL HOURLY RATE	TOTAL COSTS
NAME	REG.									\$		\$	\$
JOB TITLE	O.T.									\$		\$	\$
NAME	REG.									\$		\$	\$
JOB TITLE	O.T.									\$		\$	\$
NAME	REG.									\$		\$	\$
JOB TITLE	O.T.									\$		\$	\$
NAME	REG.									\$		\$	\$
JOB TITLE	O.T.									\$		\$	\$
NAME	REG.									\$		\$	\$
JOB TITLE	O.T.									\$		\$	\$
NAME	REG.									\$		\$	\$
JOB TITLE	O.T.									\$		\$	\$

Total Cost for Force Account Labor Regular Time

\$

Total Cost for Force Account Labor Overtime

\$

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

CERTIFIED

TITLE

DATE

July 2000

FORM # AZ PA 204-7