|  |  |  |  |
| --- | --- | --- | --- |
| DAILY EQUIPMENT RECORD | | | |
| **Date Used:** | | | |
| **Description** | **Model #:** | | **Type of Machine:** |
| **Time** | **From:** | | **To:** |
| **Total # of Hours:** | | |  |
| **LWCF Project Number:** | | | |
| **LWCF Project Name:** | | | |
| **Description of Work Performed and associated LWCF Budget Item:** | | | |
| **Driver’s Signature**  (*Required*) | |  | |
| **Supervisor’s Signature**  (*Required*) | |  | |
| **Date** | |  | |

**Equipment records must be included with reimbursement request.**

**Equipment Rate Schedule from FEMA showing the rates recognized during the period covered must be included with each drawdown request.**