|  |
| --- |
| 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.**