(dry)	
etc.)	Щ
	ANC
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EMERGENCY EQUIPMENT SHIFT TICKET							
			Officer will	update this form	each day or	shift and make initial and final equipment i	nspections.
1. AGREEMENT	NUMBE	R		- m-		2. CONTRACTOR (name)	10 .
11-+-1	- 11	020	XXX	5-020	)		nty Treadurer
3. INCIDENT OR	PROJE	CT NAME	4. INC	IDENT NUMBER		5. OPERATOR (name)	
Example	e Fi	re	W-	MBF-12	3456		laski
6. EQUIPMENT	MAKE		7. EQU	JIPMENT MODEL	L	8. OPERATOR FURNISHED BY	
Dodg	K		35	000 4	Qu	CONTRACTOR	X GOVERNMENT
9. SERIAL NUM	BER		10. LIC	CENSE NUMBER		11. OPERATING SUPPLIES FURNISH	IED BY
1048	184		wy.	-FD-7	45	CONTRACTOR (wet)	GOVERNMENT (dry)
12. DATE		1	3. EQUIP	MENT USE		14. REMARKS (released, down time	
MO/DAY/YR	START	STOP	HOURS	MAYSMILES (ci		CUVFD- Unit	- 12
	SIARI	3101	WORK	SILON		84 travel to in	rudent
	76	71.				84 110000	
814/20 1	251	204	153	+1 d	ays		
	FL	II.	Sylvatice.			15. EQUIPMENT STATUS	
8/5/201	264	226	72	tla	acy	a. Inspected and under agre	
0/0/00	2	1.			0	b. Released by Governmen	
81420 3	176	151	25	+1 d	ay	c. Withdrawn by Contractor	
9	16	11.			U	16. INVOICE POSTED BY (Recorder	's initials)
8/7/20 2	251	269	18	+ 1 de	24		
17. CONTRACTO	OR'S OR	AUTHORI	ZED AGEN	IT'S SIGNATURE	18. GOV	ERNMENT OFFICER'S SIGNATURE	19. DATE SIGNED
	_						
lames	Pul	aske	50	ins			
NSN 7540-01-119-5	_	3		,			OPTIONAL FORM 297 (Rev. 7-90)
50297-102	,	147		600	0 0	ocana Oxanic	USDA/USDI
				211	Ale 17	escurse examp	34

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EMERGENCY EQU	JIPMENT SHIFT TICKET		0-391
NOTE: The responsible Governi  1. AGREEMENT NUMBER	ment Officer will update this form each day or s	2. CONTRACTOR (name)	nspections.
11-FI-110	20000-020	Albanes Court	y Treasurer
3. INCIDENT OR PROJECT NA	AME 4. INCIDENT NUMBER	5. OPERATOR (name)	ROBERT STREET
Example Fire	WY-MBF-123456		aski
6. EQUIPMENT MAKE	7. EQUIPMENT MODEL	8. OPERATOR FURNISHED BY	
Dodge	3500 4WD	CONTRACTOR	GOVERNMENT
9. SERIAL NUMBER	10. LICENSE NUMBER	11. OPERATING SUPPLIES FURNISH	
44884	WY-PD-765	CONTRACTOR (wet)	GOVERNMENT (dry)
12. DATE	13. EQUIPMENT USE	14. REMARKS (released, down time	and cause, problems, etc.)
MO/DAY/YR START STO	HOURS/DAYSMILES (circle one) WORK SPECIAL	CU Unit 12	
		Travel home	
88120 76 76	2 153 +1 day		
		15. EQUIPMENT STATUS	
		a. Inspected and under agre	
		b. Released by Governmen	
		c. Withdrawn by Contractor	
		16. INVOICE POSTED BY (Recorder	's initials)
17. CONTRACTOR'S OR AUTH	HORIZED AGENT'S SIGNATURE 18. GOV	ERNMENT OFFICER'S SIGNATURE	19. DATE SIGNED
James Pula	ski skins		
NSN 7540-01-119-5628	0	,	OPTIONAL FORM 297 (Rev. 7-90)

50297-102

Sirsle resource example

## **EMERGENCY EQUIPMENT - USE INVOICE**

								PAGE	<u>1</u>	<u>1</u>
1. CON	NTRAC	TOR a. na	me and addre	ss			2. INCIDENT OF	R PROJECT NAME		
			JNTY TREA	ASURER			EXAMPLE FIRE			
			AVE #205				3. AGREEMENT NUMBER (from OF-294)			
LARAMIE, WY 82070							11-FI-110200			_
							4. EFFECTIVE I	DATES OF AGREE		
b. EIN/S		DUNS: 04				a. beginning	04/15/20		04/14/21	
		•		erial number, etc	.)		RE (location when	hired)		
			UCK, PICK			ALBANY COUNTY, WY				
	_	GE 3500	4X4 CREV				7. DATE OF HIF		8. TIME OF HIRE	
Serial :	#:			64884	LIC #:	WY-FD-765	10 THE WORK D	8/4/2020 ATE IS BASED ON A		22:00
-			FFICE FOR P				FURNISHED BY	ATE IS BASED ON A	LE OF LIVATING SUF	FLIES BLING
	_	_	TATE FOR	ESTRY			Contractor			
		BISHOP						FURNISHED BY		
	CHE	YENNE,	WY 82002				Government			
							12. RESOURCE	ORDER NUMBER	₹	
40. \( \( \)		44 14/00		\	45 0050	AL DATE		I	I	I A ANACHRIT
13. YE	AK		K OR DAILY F	c. AMOUNT	15. SPECI a. UNITS		c. AMOUNT	16. TOTAL AMT EARNED	17. GUARANTEE	18. AMOUNT
		a. UNITS WORKED-	b. RATE	C. AIVIOUNT	WORKED-	b. RATE	C. AIVIOUNT	EARNED		(COLUMN 16 OR 17 WHICHEVER IS
MO	DA	MI/HR/DA			MI/HR/DA			(14C + 15C)		GREATER)
8	4	1 DA	\$74.00	\$74.00						\$74.00
					153 MI	\$0.57	\$87.21			\$87.21
8	5	1 DA	\$74.00	\$74.00						\$74.00
					22 MI	\$0.57	\$12.54			\$12.54
8	6	1 DA	\$74.00	\$74.00		·	·			\$74.00
			<b>*</b> *******	*******	25 MI	\$0.57	\$14.25			\$14.25
					ZO IVII	Ψ0.07	Ψ11.20			
8	7	1 DA	\$74.00	\$74.00						\$74.00
					18	\$0.57	\$10.26			\$10.26
8	8	1 DA	\$74.00	\$74.00						\$74.00
					153 MI	\$0.57	\$87.21			\$87.21
19. CH	IARGE	CODE			20. OBJE	CT CODE				
						23. GROSS AM	OUNT DUE		\$581.47	
21. EQI	21. EQUIPMENT WAS					24. ITEM 23 FR	OM PREVIOUS PA	AGE	\$0.00	

DATE:	DATE: TIME:		25. TOTAL AMOUNT DUE \$5		
22. REMARKS			26. DEDUCTIONS (attach statement)		
			27. ADDITIONS (attach statement)	\$0.00	
			28. NET AMOUNT DUE	\$581.47	
LINE 28. CONTRACT		CEIPT OF PAYMENT IN AMOUNT SHOWN ON "NET ROM ANY AND ALL CLAIMS ARISING UNDER THIS			
30. CONTRACTOR'S SIGNA	TURE	31. DATE	32. RECEIVING OFFICERS SIGNATURE	33. DATE	
34. PRINT NAME AND TITLE	Ē		35. PRINT NAME AND TITLE		

**OPTIONAL FORM 286**