

# EMERGENCY EQUIPMENT SHIFT TICKET

NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.

E-415

1. AGREEMENT NUMBER 11-FI-1102 0000-020			2. CONTRACTOR (name) Albany County Treasurer		
3. INCIDENT OR PROJECT NAME Example Fire		4. INCIDENT NUMBER WY-MRF-123456		5. OPERATOR (name) Joe Firefighter	
6. EQUIPMENT MAKE Ford		7. EQUIPMENT MODEL F550		8. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER 048707		10. LICENSE NUMBER WY-FD-592		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
12. DATE MO/DAY/YR	13. EQUIPMENT USE				
	START	STOP	13. EQUIPMENT USE (HOURS) DAYS/MILES (circle one) WORK SPECIAL		14. REMARKS (released, down time and cause, problems, etc.) CVVFD Eng 14 8/4 travel to incident Type 6 w/ metered foam Suzie Forest + David Smoke
8/4/20	2000	2230	2.5		
8/5/20	0600	2200	16		
8/6/20	0600	2200	16		
8/7/20	0600	2200	16		
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE Joe Firefighter signs			15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor		16. INVOICE POSTED BY (Recorder's initials)
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE			18. GOVERNMENT OFFICER'S SIGNATURE		19. DATE SIGNED

FINANCE



engine/crew example

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5. OPERATOR (name) Joe Firefighter		6. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input checked="" type="checkbox"/> GOVERNMENT	
7. EQUIPMENT MAKE Ford		7. EQUIPMENT MODEL F550	
9. SERIAL NUMBER 048707		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry)	
10. LICENSE NUMBER WY-FD-592		14. REMARKS (released, down time and cause, problems, etc.) T-travel home rehab	
12. DATE MO/DAY/YR		13. EQUIPMENT USE	
		HOURS/DAYS/MILES (circle one)	
		WORK SPECIAL	
8/8/20 0800 1100		3.0 T	
8/8/20 1100 1300		2.0 rehab	
		15. EQUIPMENT STATUS <input type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor	
		16. INVOICE POSTED BY (Recorder's initials)	
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE Joe Firefighter Signs		18. GOVERNMENT OFFICER'S SIGNATURE	
		19. DATE SIGNED	

FINANCE

engine/crew example

**EMERGENCY EQUIPMENT - USE INVOICE**

1. CONTRACTOR a. name and address <b>ALBANY COUNTY TREASURER</b> 525 GRAND AVE #205 LARAMIE, WY 82070  b. EIN/SSN:    DUNS: 049499833					2. INCIDENT OR PROJECT NAME <b>EXAMPLE FIRE</b>						
					3. AGREEMENT NUMBER (from OF-294) <b>11-FI-11020000-020</b>						
					4. EFFECTIVE DATES OF AGREEMENT a. beginning <b>04/15/20</b> b. ending <b>04/14/21</b>						
5. EQUIPMENT (List make, model, serial number, etc.) <b>CV ENG 14 - FORD F550</b> <b>TYPE 6, METERED FOAM</b>  Serial #: <b>48707</b> Lic #: <b>WY-FD-592</b>					6. POINT OF HIRE (location when hired) <b>ALBANY COUNTY, WY</b>						
					7. DATE OF HIRE <b>8/4/2020</b>		8. TIME OF HIRE <b>22:00</b>				
9. ADMINISTRATIVE OFFICE FOR PAYMENT <b>WYOMING STATE FORESTRY</b> 550 BISHOP BLVD CHEYENNE, WY 82002					10. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <b>Contractor</b>						
					11. OPERATOR FURNISHED BY <b>Government</b>						
					12. RESOURCE ORDER NUMBER						
13. YEAR		14. WORK OR DAILY RATE			15. SPECIAL RATE			16. TOTAL AMT EARNED (14C + 15C)	17. GUARANTEE	18. AMOUNT (COLUMN 16 OR 17 WHICHEVER IS GREATER)	
MO	DA	a. UNITS WORKED- MI/HR/DA	b. RATE	c. AMOUNT	a. UNITS WORKED- MI/HR/DA	b. RATE	c. AMOUNT				
8	4	2.5	\$79.00	\$197.50						\$197.50	
8	5	16	\$79.00	\$1,264.00						\$1,264.00	
8	6	16	\$79.00	\$1,264.00						\$1,264.00	
8	7	16	\$79.00	\$1,264.00						\$1,264.00	
8	8	5	\$79.00	\$395.00						\$395.00	
19. CHARGE CODE					20. OBJECT CODE					23. GROSS AMOUNT DUE <b>\$4,384.50</b>	
21. EQUIPMENT WAS					24. ITEM 23 FROM PREVIOUS PAGE					<b>\$0.00</b>	

DATE:	TIME:	25. TOTAL AMOUNT DUE	\$4,384.50
22. REMARKS		26. DEDUCTIONS (attach statement)	\$0.00
		27. ADDITIONS (attach statement)	\$0.00
		28. NET AMOUNT DUE	\$4,384.50
		29. NOTE: CONTRACT RELEASE FOR AND IN CONSIDERATION OF RECEIPT OF PAYMENT IN AMOUNT SHOWN ON "NET AMOUNT DUE" LINE 28. CONTRACTOR HEREBY RELEASES THE GOVERNMENT FROM ANY AND ALL CLAIMS ARISING UNDER THIS AGREEMENT EXCEPT AS RESERVED IN "REMARKS" BLOCK 22.	
30. CONTRACTOR'S SIGNATURE	31. DATE	32. RECEIVING OFFICERS SIGNATURE	33. DATE
34. PRINT NAME AND TITLE		35. PRINT NAME AND TITLE	

OPTIONAL FORM 286