

Agency:	Web EOC #:
Event:	Total Reimbursement:

Reimbursement Request Checklist

- Cover Letter** – Ensure the following information is listed in your Cover Letter:
 - Agency Letterhead
 - WebEOC Number
 - Reimbursement Amount
 - Breakdown of Costs (Labor, Equipment, Material)
 - Tax ID #
 - Who to pay
 - Point of Contact (phone and/or email)
- Cost Summary Roll Up Sheet**
 - Signed and dated
- Benefits Calculation Worksheet**
 - Signed and dated
- Force Account Labor Record**
 - All boxes filled out in upper right hand corner.
 - Memo explaining Pay Policy.
 - Time sheets for all employees seeking reimbursement.
 - Pay Documentation reflecting payment for time documented.
- Force Account Equipment Record**
 - All boxes filled out in upper right hand corner.
 - Make sure there are 214's/documentation for each piece of equipment used.
 - Can only be reimbursed for actual time running, STAGING DOES NOT APPLY.
- Force Account Materials Summary** - Cannot claim reimbursement for fuel, this is included in FEMA equipment rate.
 - Documentation of Meals Purchased
 - If meal purchases are excessive, please provide a roster of those who took part.
 - Documentation of Lodging Purchased
 - Documentation of Damaged Equipment
 - Need memo of explanation of what happened and why it needs to be repaired or replaced
 - Invoices needed for damaged equipment
- Direct Administrative Costs**
 - Administrative time is not duplicated on Force Account Labor Record.
- EOC Mission Tasking**
- W9 Form**

Notes

Reimbursement Guide

Cover Letter

(Ensure your cover letter has all the information listed below)

- WebEOC Number
- Reimbursement Amount
 - o Breakdown of Costs(labor, equipment, material)
- Tax ID
- Who to pay
- Point of contact

Cost Summary Roll up sheet

- This will be auto generated as information is inputted throughout the workbook.
 - o Do NOT create your own formulas as they are already generated throughout.

Benefits Calculation Sheet

- This sheet is necessary if you are claiming benefits for your employees; if no benefits are applicable do not worry about completing sheet.

Force Account Labor Record

- This is where you document the hours your employees worked while deployed.
 - o Input the employees name
 - Volunteers **CAN NOT** be reimbursed unless otherwise suggested in Department/Organizations Pay Policy.
 - o Input the hours they worked on the given day (total hours will be auto populated)
 - Input Hourly Rate
 - Input Benefits Rate (if applicable)
 - o Once these steps are followed you will have a **Total Cost for Labor** represented at the top right of the Sheet. This is all that needs to be done, the document will auto-populate everything for you on the Cost Summary Roll up Sheet.
- Along with the Labor Record, I will need **Supporting Documentation** for the employees, this comes in the form of :
 - o Pay stubs for time of deployment, this is to verify that employees have been paid.
 - o Timesheets (if possible) of the hours worked during the deployment.
 - o Pay Policy Memo if claiming overtime. This will help finance understand how your department pays overtime. This is also used to specify if Department/Organizations have pay allocation for volunteers.

Force Account Equipment Record

- This is where you document equipment usage.
 - o Input the piece of equipment used
 - o Input the operators name
 - Input the FEMA Equipment Code (<https://www.fema.gov/schedule-equipment-rates>)
 - This will establish the price of reimbursement per mile/per hour
 - Under the unit column please input Mile/Hour based on equipment rate used.
 - **NOTE: This is a dropdown box.**
 - o Once these steps are followed you will have a **Total Cost for Equipment** represented at the top right of the Sheet. This is all that needs to be done, the document will auto-populate everything for you on the Cost Summary Roll up Sheet.

- Along with the Equipment Record, I will need **214's/ supporting documentation** to support the hourly claims for the equipment.
 - NOTE: Our Finance Department is strict on equipment usage and documentation. If you do not have documentation to represent the exact time usage of the equipment claimed, you will NOT be reimbursed for it.
 - **Please ensure that if you claim 24 hours, that our finance team will be able to find 24 hours of usage within the documentation provided. This does NOT include time spent in staging.**
- Time spent in staging is **NOT REIMBURSABLE.**

Force Account Materials Record

- This is where you document food/room and board.
 - NOTE: No fuel can go on this section as fuel is accounted for through the FEMA equipment rates used on the Force Account Equipment Record.
- If you choose to reimburse any food or lodging, please provide a receipt of the purchase.
 - If the food purchase is excessive, please provide a roster.
- If you have damaged equipment, please put it in this section.
 - Provide a short memo as to how it was damaged while deployed.
 - Provide an invoice for the replacement part.

Direct Administration Cost

- This allows you to be reimbursed for the time needed to create the Reimbursement Request.
 - NOTE: This section is ONLY labor.

W9 Form

- Please submit an up to date W9 form.

EOC Mission Tasking

- Please attach the Mission Tasking for which your department was assigned.
 - Note: This is not the Disaster Number. This is the Mission Number assigned via WebEOC.

Reimbursement Cover Letter Templet

Enter Department Letterhead/Department Name/Address Here

Month Day, Year

Brian Barnes
NC Department of Public Safety
Division of Emergency Management
1636 Gold Star Drive
Raleigh, NC 27607

Re: (Event) Response Support

Please find enclosed documentation for the reimbursement of **xxxx** (**Department name**) for expenses incurred in support of emergency protective measures and the response to (Event), **xxxx** (**dates of operation**). **xxxx** (**Brief explanation of deployment order**) . The assignment was tasked in WebEOC as Mission number **xxxx** (**WebEOC # (6 digit number)**)

The total reimbursement requested is \$**xxxx** (**total amount**) This amount is comprised of the following:

\$**xxxx** personnel
\$**xxxx** materials
\$**xxxx** equipment

xxxx (**name of department**) , Inc Tax Id is **xxxx**.

Please remit payment to:
(enter address here)

If you have any questions, please feel free to contact **xxxx** (**name**) at **xxxx** (**contact number**)