



MITIGATION PROJECT RECORD – EQUIPMENT (FORCE ACCOUNT)

AUTHORITY: 1976 PA 390; COMPLIANCE: VOLUNTARY

I. GENERAL INFORMATION										
Subrecipient Name:				Project Number:				Select One: Subrecipient Project Expense In-Kind Contribution		
Location of Work:		Description of Work:					Time Period: Start Date		End Date	
-										
II. FORCE ACCOUNT EQUIPMENT RECORD(S)										
Type of Equipment	Make / Model	HP or yd ³	Date/Hours Worked Daily					Total Hours	Rate Per Hour (No Operator)	Total Cost
			Date:							
			Hours							
			Hours							
			Hours							
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			Hours							
			Hours							
			Hours							
			Hours							
			Hours							
TOTAL:										

I certify that the above information was transcribed from timesheets, payroll records, equipment log invoices, stock records or other documents which are available for audit.	
Subrecipient's Authorized Representative	MSP/EMHSD USE ONLY
Signature:	This form has been reviewed and found correct with the exceptions as noted. Reviewer Initials:

** NOTE: ATTACH REQUIRED DOCUMENTATION FOR EACH EQUIPMENT LINE **