



MITIGATION PROJECT RECORD – EQUIPMENT (RENTED)

AUTHORITY: 1976 PA 390; **COMPLIANCE:** VOLUNTARY

I. GENERAL INFORMATION										
* ALL RED FIELDS ARE REQUIRED TO BE COMPLETED *										
Subrecipient Name:			Project Number:				Select One: Subrecipient Project Expense In-Kind (Match) Contribution			
Location of Work:			Description of Work:				Time Period: Start Date End Date -			
II. RENTED EQUIPMENT RECORD(S) - (W/OPR = With Operator, W/O = Without Operator, OPR = Operator)										
Type of Equipment (Size, Capacity, HP, Make/Model)	Date Rented	Hours	Rate Per Hour			Total Costs	Vendor	Invoice Number	Amount Paid	Check Number
			W/OPR	W/O	OPR					
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: _____ Date: _____	This form has been reviewed and found correct with the exceptions as noted. Reviewer Initials: _____

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