

EXPENSE CLAIM

Date: 15 January 2000 Unit: 13 April 1904
 Ambulance: Dakota County Amb. Reference: Fargo Flood Incident

Details	Hours, Miles or Rooms	Rate	Amount
Labor			
Jane Doe, EMT-P	8	25.12	200.96
John Doe, EMT-I	8	16.89	135.12
Jace Doe, Driver	8	12.2	97.60
Ambulance Rental			
1 Ambulance > 150 HP	8	41	328.00
Mileage to and from scene			
	123	0.55	67.65
Miscellaneous Expenses			
Water			10.00
Medical Supplies			200.00
Food			40.00
Hotel Room	1	65.23	65.23
			1,144.56

ONE THOUSAND ONE HUNDRED FORTY FOUR & 56/100 ONLY

Original receipts and records must be maintained for three years after the close of the disaster. I certify that the information and rates submitted on this bill are true and accurate.

Date _____ Signature _____

Office Use ONLY: _____

Ambulance Information

Date: 15 January 2000 Unit: 1565

Ambulance: Dakota County Amb. Referen: Fargo Flood Incident

Name of Contact Person	<u>Joe Smith</u>
Business Address	<u>100 E. Blvd.</u>
City	<u>Dakota</u>
State	<u>Dakota</u>
Zip	<u>55555</u>
Business Phone	<u>(555)555-5554</u>
Other Phone	<u>(555)555-5553</u>
Fax	<u>(555)555-5552</u>