

## FORCE ACCOUNT EQUIPMENT SUMMARY FORM

PAGE 1 OF 15

<b>APPLICANT</b> State of Alaska - DHS&EM	<b>PROJECT WORKSHEET NO.</b> 123456	<b>DISASTER</b> DR 4533AK
<b>LOCATION/SITE</b> 49000 Army Guard Rd. Fort Richardson, AK, 99505	<b>CATEGORY</b> B Protective Measures	<b>PERIOD COVERING (Enter Dates)</b> 3/14/2020 TO 3/20/2020

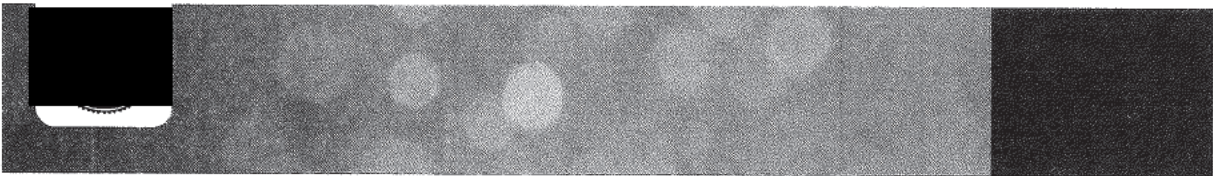
**DESCRIPTION OF WORK PERFORMED**

Airport screening, patrolling community to insure state and local mandates followed due to COVID-19

Type of Equipment		Operator's Name	Equipment Used For	Dates Used and Number of Miles or Hours Used Each Day									Costs			DHS&EM use only (Final costs after audit)	
Indicate Size, Capacity, Horsepower, Make And Model As Appropriate	Equipment Code Number			Date	3/14/20	3/15/20	3/16/20	3/17/20	3/18/20	3/19/20	3/20/20	Miles or Hours	Rate per Mile or Hour	Cost			
1			<input type="checkbox"/> Project <input type="checkbox"/> Administrative	Miles or Hours								0.00		\$			
2	Ford Explorer 323	8076	Le, Hoang	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Administrative	Miles or Hours	12.00	12.00	12.00	12.00	12.00	12.00	15.00	87.00	\$ 23.99	\$ 2,087.13		
3	Ford Expedition 679	8077	Harrison, Wade	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Administrative	Miles or Hours		8.00	10.00	10.00	10.00	10.00	3.00	51.00	\$ 19.62	\$ 1,000.62		
4	Ford Explorer 323	8076	Jachim, Eliz.	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Administrative	Miles or Hours							12.00	12.00	24.00	\$ 23.99	\$ 575.76	
5	Ford Explorer 321	8076	Murray, Cordell	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Administrative	Miles or Hours				10.00	10.00	10.00	10.00	40.00	\$ 23.99	\$ 959.60		
6	Ford Expedition 481	8076	Murray, Raymond	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Administrative	Miles or Hours	12.00	12.00	12.00	12.00	12.00	12.00	14.75	86.75	\$ 23.99	\$ 2,081.13		
7	Ford Expedition XL-318	8077	Nguyen, Vincent	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Administrative	Miles or Hours	12.00	12.00	12.00	12.00	12.00	12.00	15.50	87.50	\$ 19.62	\$ 1,716.75		
8	Ford Explorer 322	8076	Stein, Justin	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Administrative	Miles or Hours								0.00	\$ 23.99	\$ -		
9	Chevrolet Tahoe 425	8076	Reale, Rose	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Administrative	Miles or Hours								0.00	\$ 23.99	\$ -		
<b>FORCE ACCOUNT EQUIPMENT FOR ADMINISTRATIVE USE</b>													\$ -				
<b>FORCE ACCOUNT EQUIPMENT FOR PROJECT USE</b>													\$ 8,420.99				
<b>FORCE ACCOUNT EQUIPMENT TOTAL</b>													\$ 8,420.99				

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

<b>Certifier's Printed Name and Title</b> Bob Sacramento, City Manager	<b>Certifier's Signature</b> 	<b>Date</b> 
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COVID-19 Equipment Log

Name	Date	Description	Start Time	End Time	Hours Total	Approved by	
[Redacted]	3/15-3/20/20	Patrolling city insuring community compliance to state/local mandates			51		
	3/21-3/27	Patrolling city insuring community compliance to state/local mandates			34		
					Total	85	<i>[Signature]</i> 6/17/20

EXAMPLE

COVID-19 Equipment Log

Name	Date	Description	Start Time	End Time	Hours Total	Approved by	
[REDACTED]	3/28-4/3/20	Patrolling city insuring community compliance to state/local mandates			50		
	4/4-4/10	Patrolling city insuring community compliance to state/local mandates			40		
					Total	90	

EXAMPLE

*[Handwritten signature]*  
4/19/20

COVID-19 Equipment Log

Name	Date	Description	Start Time	End Time	Hours Total	Approved by
[REDACTED]	4/11-4/17	Patrolling city insuring community compliance to state/local mandates			48	
	4/18-4/24	Patrolling city insuring community compliance to state/local mandates			0	
					Total	48

EXAMPLE

*[Signature]*  
8/19/2

COVID-19 Equipment Log

Name	Date	Description	Start Time	End Time	Hours Total	Approved by	
[REDACTED]	4/25-5/1	Daily airport checks for incoming passengers-State/Local travel mandates			29		
	5/2-5/8	Daily airport checks for incoming passengers-State/Local travel mandates			26		
					Total	55	

*[Handwritten signature]*  
8/11/20



COVID-19 Equipment Log

Name	Date	Description	Start Time	End Time	Hours Total	Approved by
[Redacted]	5/9-5/15	Patrolling city insuring community compliance to state/local mandates			30	
	5/16-5/22/20	Patrolling city insuring community compliance to state/local mandates			50	
					Total	80

EXAMPLE

*[Signature]*  
8/15/20



**COVID-19 Equipment Log**

Name	Date	Description	Start Time	End Time	Hours Total	Approved by
[Redacted]	5/23-5/29	Patrolling city insuring community compliance to state/local mandates			26.5	
	5/30-6/5	Patrolling city insuring community compliance to state/local mandates			81	
<b>Total</b>					<b>107.5</b>	

EXAMPLE

*[Handwritten signature]*  
5/15/20

COVID-19 Equipment Log

Name	Date	Description	Start Time	End Time	Hours Total	Approved by
	6/6-6/12	Daily airport checks for incoming passengers-State/Local travel mandates in place			21.5	
	6/13-6/19	Daily airport checks for incoming passengers-State/Local travel mandates in place			18.5	
	6/21-6/26	Daily airport checks for incoming passengers-State/Local travel mandates in place			20.5	
<b>Total</b>					<b>60.5</b>	

*[Signature]*  
8/15/20



# City of Timesheet

NAME: [REDACTED]  
 DEPARTMENT: Admin - n/IT

PAYROLL PERIOD: 03/28/2020-04/10/2020

POSITION: Parroll Dept Tech

(Attach Overtime and/or Leave Usage Slips)

DATE	Starting Time	Regular Hours	Overtime Hours	Personal Leave	TOTALS	COVID-19 Related	
						Overtime	Leave
Saturday	28	2					
Sunday	29						
Monday	30	FLOATING H	10				
Tuesday	31		10				
Wednesday	01		8				
Thursday	02		10				
Friday	03			9 1/2			9 1/2
Saturday	04		6				
Sunday	05		1/2				
Monday	06		9				
Tuesday	07		10				
Wednesday	08		6 1/2				
Thursday	09		8				
Friday	10						
<b>TWO WEEK TOTALS:</b>			80	9 1/2	10		

Other Notes If eligible for the floating holiday and WORK circle either pay me or bank it

For finance use only			
Hours	Exp code		
REG 101	30.00		6211
REG1 102			
REG2 103			
REG3 104			
OT 201	9.50		6000
OT1 202			
OT2 203			
OT3 204			
P/L 301			
P/L S 301			
Holiday 700	10.00		6211

Employee Signature: [REDACTED]

Supervisor Signature: [REDACTED]

City Manager Signature: \_\_\_\_\_

Total Reg: 90.00 Total O.T. 9.50  
 For finance use only

# City of [REDACTED] Timesheet

NAME: [REDACTED]  
DEPARTMENT: Clarks

PAYROLL PERIOD: 03/14/2020-03/27/2020  
POSITION: Deputy City Clerk  
*(Attach Overtime and/ or Leave Usage Slips)*

DATE	Starting Time	Regular Hours	Overtime Hours	Personal Leave	TOTALS
Saturday	14				
Sunday	15				
Monday	16				
Tuesday	17	2.25		8 5.30575	7.558 deals 8.00
Wednesday	18	8	2.25		10.25
Thursday	19	8			8
Friday	20	8			8
Saturday	21				
Sunday	22				
Monday	23	8	.75		8.75
Tuesday	24	8	1.50		9.50
Wednesday	25	8	1.50		9.50
Thursday	26	8	1		9
Friday	27	8	1		9
<b>TWO WEEK TOTALS:</b>		66.25	8	13.30	87.55

Other Notes: See Attached Slips  
All leave 13.30

For finance use only			
Hours	Exp code		
REG 101	66.25		6220
REG1 102			
REG2 103			
REG3 104			
OT 201	8.00		6220
OT1 202			
OT2 203			
OT3 204			
P/L 301	13.30		6220
P/LS 301			
oliday 700			

Employee Signature: [REDACTED]

Supervisor Signature: \_\_\_\_\_

City Manager Signature: [REDACTED]

Total Reg: 80.00 Total O.T. 8.00  
*For finance use only*