### Alaska Intrastate Mutual Aid System (AIMAS)

**Req-A Section I**

**Original**  
**Amendment #**

<table>
<thead>
<tr>
<th>Requesting Jurisdiction</th>
<th>Assisting Jurisdiction</th>
<th>Mission Type</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Billing Code</th>
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<tbody>
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</table>

**Mission/Event Name**

**Scope of Work**

**Requested Resources**

<table>
<thead>
<tr>
<th>Manpower</th>
<th>Vehicle/Mechanical</th>
<th>Other</th>
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**Date Needed**  
**Time Needed**

**Completion Date**  
**Completion Time**

**Housing Location**  
**Housing Conditions**

**Work Location**  
**Work Conditions**

**Meals Provided?**  
**Drinking water available?**

- **Special Deployment Considerations?**
  - Yes
  - No

**Contact Information**

**Reporting Location**

**Reimbursement**  
**Billing Address**

- **Payment upon approval**
- **Payment upon receipt of bill**
- **Payment upon completion of deployment**
- **Other**

<table>
<thead>
<tr>
<th>Total Estimated Cost*</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Requesting Jurisdiction Authorized Signature**  
**Printed Name**  
**Date**

**Assisting Jurisdiction Authorized Signature**  
**Printed Name**  
**Date**

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*See Req-A Section II Breakout of Cost Estimate*