

Wildfire Reimbursement Form

Fire Departments
Use one form per Department, per Fire

For DEEP use only:

Fire Number: _____
CORE Supplier #: _____
Total Amount Due: _____
PO #: _____
Receipt #: _____
Payment Date: _____

Fire Information: If not already done, report this fire in the [DEEP Wildland Fire Reporting System](#)

Fire Date: _____
Fire Address: _____
Fire Town: _____



Signatures

District Fire Warden: _____ Date: _____
Fire Control Officer: _____ Date: _____
Fire Supervisor: _____ Date: _____

Reimbursement

Federal ID#: _____
Fire Department: _____
Mailing Address & Zip Code: _____

[Current Reimbursement Rates](#)

Equipment Expenses:					Supplies Expenses:	
Type of Equipment	Hours	X	Rate	Total	Type of Supplies	Total
Total Equipment Expenses:					Total Supplies Expense:	
					<i>Original Receipts must be submitted</i>	

Type of Equipment:

Pickup Brush Fire Tanker ATV Portable Pump

Total Expenses to be Reimbursed	
Personnel	_____
Equipment	_____
Supply	_____
\$	_____

Comments/Notes:

Fire Department Personnel

	Last Name, First Name	# of Hours	Pay	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
	Number Of Firefighters	Hours	Rate of	Total
Registered:				
Unregistered:				
(use additional pages as needed)		Total Amount of Personnel		