

Sample

<b>EXPENSE CLAIM</b>	<b>Event:</b> SFFW18	<b>NAME:</b> Your Name <b>TEAM/UNIT:</b>
FOR OPERATIONAL PERIOD #	<b>Task #</b> 120618	<b>DATE PREPARED:</b> Today's Date <b>TIME PREPARED:</b>

Sample

EXPENSES INCURRED FROM		TO	
DATE:	TIME:	DATE:	TIME:

MEALS			
TYPE	RATE (\$)	QTY	EXTENSION
BREAKFAST			
LUNCH			
DINNER			
OVERNIGHT			
TOTAL			

MILEAGE					
Km	Mi	(Y)	RATE (\$)	QTY	EXTENSION
TOTAL					

Sample

Sample

#	TWIC Reimbursement
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#1 - Full reimbursement and \$1.00 per hour rate increase. \_\_\_\_\_

Pick One

#2 - No reimbursement and \$2.00 per hour rate increase. \_\_\_\_\_

Send this form and a copy of the TWIC receipt to:

"Staffing@AKEPS.com" or bring to the check-in counter. Include "TWIC SFFW18" in the subject line of the email.

Sample

Sample

EST. COST:	SUPPLIER: TWIC
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APPROVED BY (Time or Staffing Unit Leader):

Sample

Sample

#	PYfgcbU -bZfa Ujcb
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Name: Your Name

(please print)

Mailing Address: Your Mailing Address

Your City, State, Zip

(please print)

EST. COST:	Sample	Sample
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APPROVED BY (DEPUTY/INCIDENT COMMANDER):

AKEPS Office:	
T# _____ PO# _____ CK# _____ Mailed: _____	

CLAIMANT'S SIGNATURE: Sample	ICS 304-T
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<b>EXPENSE CLAIM</b>	<b>Event:</b>	<b>NAME:</b> <b>TEAM/UNIT:</b>
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DATE:	TIME:	DATE:	TIME:

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TYPE	RATE (\$)	QTY	EXTENSION
BREAKFAST			
LUNCH			
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EST. COST:	SUPPLIER: TWIC
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APPROVED BY (Time or Staffing Unit Leader):

#	PYfgcbU -bZfa Ujcb
---	--------------------

Name:

(please print)

Mailing Address:

(please print)

EST. COST:	SUPPLIER:
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APPROVED BY (DEPUTY/INCIDENT COMMANDER):

AKEPS Office:  T# _____ PO# _____ CK# _____ Mailed: _____	
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CLAIMANT'S SIGNATURE:

**ICS 304-T**