



EXPENSE CLAIM REIMBURSEMENT LOG



Incident Name: _____

Crew Relief: Yes No

AGENCY DESGN.			
State	3-Letter ID		

STRIKE TEAM #			
3-Letter ID	Number	Ltr	

INCIDENT ORDER NUMBER			
State	3-Letter ID	Number	

INCIDENT REQUEST NUMBER		
3-Letter ID	ID	Number

DATE	CITY*	MEALS \$	LODGING \$	MISC \$	DESCRIPTION	AMOUNT
SUB-TOTALS →					TOTAL AMOUNT →	

Comments:

LOCAL GOVERNMENT FIRE AGENCY SIGNATURE

*Per CFAA, use <https://www.gsa.gov/travel/plan-book/per-diem-rates> to calculate rates according to City

Print Name: _____

Signature: _____

Date: _____