

NEVADA DIVISION OF EMERGENCY MANAGEMENT FORCE ACCOUNT LABOR RECORD					PAGE _____ OF _____								
APPLICANT NAME				PROJECT#			PCA#						
LOCATION/SITE			CATEGORY		PERIOD COVERING _____ TO _____								
DESCRIPTION OF WORK PERFORMED													
NAME AND JOB TITLE	DATES AND HOURS WORKED EACH WEEK								COSTS				
	DATE								TOTAL HOURS	HOURLY RATE	BENEFIT RATE / HRS OR %	TOTAL HOURLY RATE	TOTAL COSTS
NAME	REG.												
JOB TITLE	O.T.												
NAME	REG.												
JOB TITLE	O.T.												
NAME	REG.												
JOB TITLE	O.T.												
NAME	REG.												
JOB TITLE	O.T.												
NAME	REG.												
JOB TITLE	O.T.												
Total Cost for Force Account Labor Regular Time								—————→					
Total Cost for Force Account Labor Overtime								—————→					
I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.													
CERTIFIED				TITLE				DATE					