

Scotts Valley Fire Protection District

ACTIVITY COST REPORT

| Date | Incident Name/Number |
|------|----------------------|
| | |

| Supporting Documents Attached - Check Box | |
|---|--------------------------|
| Incident Report | <input type="checkbox"/> |
| Cost Recovery Log - (SCO #CRL) | <input type="checkbox"/> |
| Unit Log - (ICS #214) | <input type="checkbox"/> |
| Incident Objectives - (ICS #202) | <input type="checkbox"/> |

(A) Equipment/Expendible Supplies

| Description | Cost Each | Amount |
|---------------|-----------|--------|
| | X | = 0.00 |
| | X | = 0.00 |
| | X | = 0.00 |
| | X | = 0.00 |
| | X | = 0.00 |
| | X | = 0.00 |
| | X | = 0.00 |
| | X | = 0.00 |
| | X | = 0.00 |
| | X | = 0.00 |
| | X | = 0.00 |
| | X | = 0.00 |
| | X | = 0.00 |
| | X | = 0.00 |
| | X | = 0.00 |
| Sub-Total (A) | = | 0.00 |

(B) Hourly Equipment

| Unit | Type | Hours | Rate/Hr | Amount |
|---------------|------|-------|---------|--------|
| | | | X | = 0.00 |
| | | | X | = 0.00 |
| | | | X | = 0.00 |
| | | | X | = 0.00 |
| | | | X | = 0.00 |
| | | | X | = 0.00 |
| | | | X | = 0.00 |
| | | | X | = 0.00 |
| | | | X | = 0.00 |
| | | | X | = 0.00 |
| | | | X | = 0.00 |
| | | | X | = 0.00 |
| | | | X | = 0.00 |
| | | | X | = 0.00 |
| | | | X | = 0.00 |
| Sub-Total (B) | = | | | 0.00 |

(C) Vehicle Mileage & Daily Rate

| Unit | Type/Ki | Mileage | Rate/Hr | Amount |
|---------------|---------|---------|---------|--------|
| | | | + | = 0.00 |
| | | | + | = 0.00 |
| | | | + | = 0.00 |
| | | | + | = 0.00 |
| | | | + | = 0.00 |
| | | | + | = 0.00 |
| | | | + | = 0.00 |
| | | | + | = 0.00 |
| | | | + | = 0.00 |
| | | | + | = 0.00 |
| | | | + | = 0.00 |
| | | | + | = 0.00 |
| | | | + | = 0.00 |
| | | | + | = 0.00 |
| | | | + | = 0.00 |
| | | | + | = 0.00 |
| Sub-Total (C) | = | | | 0.00 |

(D) Regular Department Payroll

| Name | Minutes | Rate/Minu | Amount |
|---------------|---------|-----------|--------|
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| | | X | = 0.00 |
| Sub-Total (D) | = | | 0.00 |

Summary of Costs

| | | |
|---------------------------------------|---|-------------|
| (A) Equipment and Expendible Supplies | = | 0.00 |
| (B) Hourly Equipment | = | 0.00 |
| (C) Vehicle Mileage & Daily Rate | = | 0.00 |
| (D) Regular Department Payroll | = | 0.00 |
| (E) Expendible Materials | = | |
| (F) Rented Equipment | = | 0.00 |
| (G) Activity Support Purchases | = | 0.00 |
| (H) Other Agency | = | 0.00 |
| Sub-Total | = | 0.00 |
| Administrative Charge | = | 0.00 |
| GRAND TOTAL | = | 0.00 |

Prepared By

The costs listed on this report are true to the best of my knowledge and belief. They have been prepared from original documents and invoices.

Name _____

Telephone # _____

Title _____

Date _____

TOTAL COST TO BE PAID = 0.00