

BILLING TO ARIZONA STATE FORESTRY

2014

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INTRODUCTION

This instruction manual is designed to make billing to State Forestry easier to understand. It is in the best interest of the State, Fire Departments and other agencies to make the bills easy to understand by State fiscal personnel. Having a good relationship with your State fiscal specialist is essential to make this process go as smoothly as possible. We need to remember that it is their job to insure that the bill is correct and all the proper procedures have been followed before they send the bill to the State office for payment.

This billing procedural manual does not cover all situations you may encounter while on an assignment. For situations not covered in this manual or if you have any questions contact your State Forestry Fiscal Specialist prior to billing.

MILITARY TIME

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All times must be in Military Time. Below is a conversion table.

12 midnight	2400 or 0	12:00 pm	1200
1:00 am	0100	1:00 pm	1300
2:00 am	0200	2:00 pm	1400
3:00 am	0300	3:00 pm	1500
4:00 am	0400	4:00 pm	1600
5:00 am	0500	5:00 pm	1700
6:00 am	0600	6:00 pm	1800
7:00 am	0700	7:00 pm	1900
8:00 am	0800	8:00 pm	2000
9:00 am	0900	9:00 pm	2100
10:00 am	1000	10:00 pm	2200
11:00 am	1100	11:00 pm	2300

INVOICE

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Below is a copy of the invoice to the State.

FIRE DEPT NAME				INVOICE NUMBER		INVOICE DATE	
ADDRESS							
CITY,TOWN ZIP CODE							
INCIDENT NAME			INCIDENT NUMBER		INCIDENT DATE		
RESPONDED TIME		DATE	RELEASED TIME		DATE	BACK IN SERVICE	
EQUIPMENT							
RESOURCE	LICENSE	UNIT #	VEHICLE	UNIT WORKED	RATE PER	TOTAL	
ORDER#	NUMBER	(OR NAME)	TYPE	HRS/DAY/MI	UNIT	AMOUNT	
						\$0.00	
						\$0.00	
						\$0.00	
SUB-TOTAL EQUIPMENT						\$0.00	
PERSONNEL							
RESOURCE	PERSONNEL		PERSONNEL	HOURS	RATE PER	TOTAL	
ORDER#	NAME		TYPE	WORKED	HOURLY	AMOUNT	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
						\$ -	
SUB-TOTAL PERSONNEL						\$ -	
SUPPLIES, TRAVEL, AND MISCELLANEOUS							
RESOURCE	ITEM			QUANTITY	RATE PER	TOTAL	
ORDER#					UNIT	AMOUNT	
				0	\$ -	\$ -	
				0	\$ -	\$ -	
				0	\$ -	\$ -	
SUB-TOTAL SUPPLIES & MISCELLANEOUS						\$ -	
GRAND TOTAL						\$0.00	
				PLEASE PAY THE TOTAL AMOUNT ABOVE			
NAME OF OFFICER SIGNING INVOICE							
TITLE OF OFFICER SIGNING INVOICE							

The information that must be on the invoice is:

- Department name and address
- Invoice Number
- Invoice Date
- Incident Name
- Incident Number – this must be the Arizona State number- if you don't have it call State Dispatch and they can give you the State number. Sometimes you can find this on the resource order- for example see the section on getting organized.
- Respond time- in military time
- Respond Date
- Time back in service – military time
- Date back in service

EQUIPMENT

- Resource Order number- this can be found on the resource order- an example is in the getting organized section.
- License Number of equipment
- Unit # or Name of equipment
- Type of Vehicle
- Hours worked/days worked or mileage
- Rate
- Total Amount

PERSONNEL

- Resource Order number- this can be found on the resource order- an example is in the getting organized section.
- Personnel name
- Personnel Type
- # hours worked (straight time and overtime need to be listed separately for each employee)
- Employee's rate per hour
- Total amount of pay

SUPPLIES, TRAVEL, AND MISCELLANEOUS

- This is where you will enter
 - Meal Reimbursements
 - Rental Vehicle charges
 - Fuel for rental vehicles
 - Plane tickets
 - Lodging reimbursement
 - Any other miscellaneous amounts
 - Fuel purchased on the fire can be entered here or under equipment as a deduction.

ARIZONA STATE FORESTER'S INDIVIDUAL WILDLAND FIRE REPORT

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If your department responds an initial attack to a fire on state land in addition to getting a fire number and resource orders for your response, your personnel need to fill out the Arizona State Forester's Individual Wildland Fire Report. This report **must** be included with your billing documents. Below is a copy of the report.

ARIZONA STATE FORESTER'S INDIVIDUAL WILDLAND FIRE REPORT			
FIRE NUMBER	12-0508	12. AGENCY NAME KAIBAB ESTATES WEST FD	22. FIRE NAME ESTATES
2. DISTRICT:	FLG	13. AGENCY No.:	23. BI & STN:
PHX=Phoenix TUC=Tucson FLG=Flagstaff		14. ACRES BURNED:	24. CONTRIBUTED COSTS:
3. COUNTY:	COCO	STATE	
Enter first four letters i.e. Maricopa = MARI		PRIVATE:	0.10
4. TOWNSHIP:	22N	FEDERAL:	
i.e. 01.0n, 23.0 S		COUNTY:	
5. RANGE:	2W	MUNICIPAL	
(i.e. 01.0E, 10.0W)		15. TOTAL:	0.10
6. SECTION:	19	16. DATE STARTED:	5/26/2012
(i.e. 01 or 36)		17. DAY STARTED	SAT
7. SECT SUBDIVISION:	SWNE	(Sun, Mon, Tue, Wed, Thu, Fri, Sat)	
(i.e. NW,NW)		18. TIME REPORTED DATE/HR	5/26/2012 13:59
8. UTM NORTH:	3904362N	18a. REPORTED BY:	WDC
UTM EAST:	120360022E		
9. MAP OF FIRE:		19. INITIAL ATTACK DATE/HR	5/26/2012 1406
	Sect #	19a. CONTAINMENT DATE/HR	5/26/2012 1723
	Mark "x" For Origin	19b. CONTROL DATE/HR	5/26/2012 1723
10. GENERAL CAUSE:	1	20. DECLARED OUT DATE/HR	5/26/2012 1723
1. Lightning 2. Campfire 3. Smoking 4. Debris Burning 5. Arson 6. Equipment Use 7. Railroad 8. Children 9. Miscellaneous 0. Undetermined		21. COOP EQUIP USED:	Y
11. SPECIFIC CAUSE:	1	(Y=Yes or N=No)	
(see instructions)		Remarks:	
		29. FIRE STARTED BY:	(see instructions for code)
		30. STRUCTURES/IMPROVEMENTS	# and Type Threatened (list all) N/A
			# and Type Damaged (list all) N/A
			# and Type Destroyed (list all) N/A N/A
		31. EVACUATIONS	# Persons Evacuated: N/A
			# Hours Evacuated: N/A

Send Original Report to Fire Mgmt.

TRUCE FERRISE
Signature

FMO
Title

2/15/2013 14:25
Date

PAY RATE FOR PERSONNEL

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Employees are billed at the cost to the department. In order to come up with a rate to bill you need the employee's pay rate, any additional part of their salary such as paramedic pay, any insurance costs **paid by the department**, social security **if paid by department**, Medicare **paid by department**, unemployment tax, workmen's comp insurance, retirement- **the department's cost**, and short term/long term disability insurance **if paid by the department**.

Below is a spreadsheet that might help with the calculations. This will give you an hourly rate to charge. When figuring your overtime rate you need to remove the insurance payments **or any payments that are fixed monthly cost and not a percentage**. When you calculate the cost of workmen's comp insurance be sure to multiply by the e-mod rate and apply the discounts.

Volunteers can be billed at the Administratively Determined Rate (AD Rate). You can find these rates at the Arizona State Forestry Website <http://www.azsf.az.gov/>. Click on Fire Management on the left side of the page. Click on **AD Handbook and Pay Plan**. You can also charge for Social Security and Medicare if the department pays that on your volunteers.

A list of your personnel and the itemized associated cost must be sent to your State District Representative before the fire season. If there are any changes such as insurance rates and employee raises you will need to send a revised list.

LAST NAME	FIRST NAME	SALARY	Medic Pay	152.10 hrs FLSA	15.06% PSPRS 10.9% ASRS PENSION	1.45% MEDICARE	WORK COMP	SS 6.2%	MED INSUR.	DENT INSUR	Total	HOURLY RATE	Total w/o Insurance	ST Rate w/o Insurance	OT Rate w/o Insurance
Smith	Samuel	\$ 39,013.00	\$ 4,250.00	\$ 1,129.86	\$ 6,785.56	\$ 643.70	\$ 1,602.17		\$ 5,564.76	\$ 306.72	\$ 59,295.77	\$ 20.36	\$ 53,424.29	\$ 18.35	\$ 27.52
Jones	John	\$ 49,863.00		\$ 1,302.23	\$ 7,805.48	\$ 741.90	\$ 2,047.75		\$ 5,564.76	\$ 306.72	\$ 67,631.84	\$ 23.23	\$ 61,760.36	\$ 21.21	\$ 31.81
Wilson	Betty	\$ 43,012.00		\$ -	\$ 4,688.31	\$ 623.67	\$ 1,766.40	\$ 2,666.74	\$ 5,564.76	\$ 306.72	\$ 58,628.60	\$ 28.19	\$ 52,757.12	\$ 25.36	\$ 38.05

NOTES

1. In this case the medic pay and FLSA are part of their regular pay. If your department pays medic pay quarterly or every six months it can't be added in as part of their regular pay.
2. In putting in the formula for the Workmen's comp be sure to calculate your e-mod rate and your discounts to come up with an accurate amount for workmen's comp.
3. Include the annual cost for all insurances that are paid by the department. For this example only employee insurance is paid by the department. You will need to add in dependant coverage if the department pays it.
4. If your department pays vision, life insurance, etc be sure to include it on the spreadsheet.
5. To come with an hourly rate take the total and divide by 52(weeks in the year) and divide that by the employee's hours per week. This is your straight time rate.
6. To come up with Overtime rate you must remove all the items that are a flat rate and not a %(usually all of the insurance rates).
7. The overtime rate is the total without insurances divided by 52 (weeks in the year), divided by employee's hours per week and multiply by 1.5.

Getting Organized

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You must do a separate invoice for each fire.

If you have a loss or damage claim you **must** submit a separate invoice for the claim so it does not hold up the processing of the invoice for the assignment. Be sure to make a note on the invoice that a claim will be filed on a separate invoice. **See the Section on Claims.**

When the crew brings the paperwork back to you it is usually mixed up and needs to be sorted. The information you need to get from the Engine Boss is the actual time they returned from the incident to the station. That is the ending time for the equipment. If the time needs to be corrected have the Engine Boss change it and initial the change. **Personnel time to rehab equipment will be allowed as follows; maximum of up to ½ hour for water tenders, 1 hour for engines and 2 hours for hand crew equipment and transport vehicles. This will be the actual time it takes to rehab equipment and does not guarantee the maximum time if it is not needed. There is no rehab time for Command, POV's or rental vehicles.**

Check the CTR's (Crew Time Report) to make sure that a break is shown every 6-8 hours. This does include travel time. They can't go over 8 hours without a break unless they have an approved justification such as "working an uncontrolled fireline". This must be noted on the CTR. The times on the CTR's needs to be in military time.

If you have any lodging receipts they need to have the name of the personnel who stayed in the room. Following are examples of the paperwork that the crews will bring back:

Emergency Firefighter Time Reports – These should be signed by the Time Officer and the employee. If this is an initial attack fire you may not have this form. The hours on the Emergency Firefighter Time Reports should match the hours on the CTRs.

E-284.1		Emergency FireFighter Time Report, OF-288			1. Identification Number F-2012-ID-BOF-000628-001483A		
ORIGINAL		08/16/2012 - 09/02/2012			Official #01		
2. Social Security Number	3. Initial Employment (X one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4. Type of Employment (X one) <input type="checkbox"/> Casual <input type="checkbox"/> Regular Gov't Employee <input checked="" type="checkbox"/> Other				
5. Transferred From	6. Hired At	7. Employee Has (X one) <input type="checkbox"/> Sick <input type="checkbox"/> Discharged <input type="checkbox"/> Quit		8. Entitled To Return Travel Time (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No	9. Entitled To Return Transportation (X one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
ZIP CODE MUST BE ENTERED BELOW				IN CASE OF ACCIDENT NOTIFY			
10. Name (First, Middle, Last) WILLIAM RANDY BLACK				15. Name			
11. Street Address FAX Phone				16. Street Address			
12. City	13. State	14. Zip Code	17. City	18. State	19. Telephone No. (Include Area Code)		
20. FIRE LOCATION IDENTIFICATION							
Column A		Column B		Column C		Column D	
1. Fire Name TRINITY RIDGE		1. Fire Name TRINITY RIDGE		1. Fire Name TRINITY RIDGE		1. Fire Name TRINITY RIDGE	
2. Fire No. ID-BOF-000628		2. Fire No. ID-BOF-000628		2. Fire No. ID-BOF-000628		2. Fire No. ID-BOF-000628	
3. Unit/Accr Code 0402 P4G4QD		3. Unit/Accr Code 0402 P4G4QD		3. Unit/Accr Code 0402 P4G4QD		3. Unit/Accr Code 0402 P4G4QD	
4. Fire Location BOISE		4. Fire Location BOISE		4. Fire Location BOISE		4. Fire Location BOISE	
5. State ID		5. State ID		5. State ID		5. State ID	
6. Firefighter Classification ENGB		6. Firefighter Classification ENGB		6. Firefighter Classification ENGB		6. Firefighter Classification ENGB	
7. Rate		7. Rate		7. Rate		7. Rate	
8. Date and Time a. Year 2012		8. Date and Time a. Year 2012		8. Date and Time a. Year 2012		8. Date and Time a. Year 2012	
Mo. Day Start Stop Hours		Mo. Day Start Stop Hours		Mo. Day Start Stop Hours		Mo. Day Start Stop Hours	
8 16 10:30 18:30 8.00 TVL		8 19 14:30 22:00 7.50		8 22 23:00 24:00 1.00		8 25 14:00 22:00 8.00	
8 16 19:00 22:30 3.50 TVL		8 20 06:00 14:00 8.00		8 23 00:01 02:00 2.00		8 26 05:30 13:30 8.00	
8 17 06:30 13:00 6.50 TVL		8 20 14:30 22:00 7.50		8 23 12:00 20:00 8.00		8 26 14:00 22:00 8.00	
8 17 13:30 21:00 7.50		8 21 06:00 14:00 8.00		8 23 20:30 22:00 1.50		8 27 05:30 13:30 8.00	
8 18 06:00 14:00 8.00		8 21 14:30 21:30 7.00		8 24 06:00 14:00 8.00		8 27 14:00 22:00 8.00	
8 18 14:30 21:30 7.00		8 22 06:00 14:00 8.00		8 24 14:30 22:00 7.50		8 28 05:30 13:30 8.00	
8 19 06:00 14:00 8.00		8 22 14:30 22:30 8.00		8 25 05:30 13:30 8.00		8 28 14:00 22:00 8.00	
9. Total Hours → 48.50		9. Total Hours → 54.00		9. Total Hours → 36.00		9. Total Hours → 56.00	
10. Gross Amount (Item 7 x Item 9) →		10. Gross Amount (Item 7 x Item 9) →		10. Gross Amount (Item 7 x Item 9) →		10. Gross Amount (Item 7 x Item 9) →	
11. Inclusive Dates → 8/16 - 8/19		11. Inclusive Dates → 8/19 - 8/22		11. Inclusive Dates → 8/22 - 8/25		11. Inclusive Dates → 8/25 - 8/28	
12. Time Officer's Signature		12. Time Officer's Signature		12. Time Officer's Signature		12. Time Officer's Signature	
13. Date Signed		13. Date Signed		13. Date Signed		13. Date Signed	
21. Show "H" for Hazard Pay and "E" Plus % for Environmental Differential in the "HOURS" Column for Regular Employees				22. Commentary Record			
A. Code (BOF 288)		B. Rate		C. Miles/Hours		D. Accounting Classification	
				0402 P4G4QD			
						E. Other Class	
						F. Amount	
						Gross Salary or Equip. Rental	
						•	
						24. ADD Check Number and Stamp	
23. Remarks		Previous Invoices		Gross Earnings		Comm. Deduct.	
						Net Earnings	
NOTE: The above items are correct and proper for payment from available appropriations.				FINAL			
25. Employee Signature <i>William Black</i>		26. Time Officer (Signature) <i>Walter Okamoto</i>					
Printed: 09/01/2012 06:29		Page 1 of 2		OPTIONAL FORM 288 Rev. 04/2005 v.5.03			

Equipment Shift Tickets- Put these in date order and tape two to a page onto a blank piece of paper. Make sure you tape these so they will go easily through a copy machine.

EMERGENCY EQUIPMENT SHIFT TICKET					
NOTE: The responsible Government Officer will update this form with date of shift and make initial and final equipment inspections. <i>6-284</i>					
1. AGREEMENT NUMBER <i>02-1755-12</i>			2. CONTRACTOR (name) <i>Summit Fire District</i>		
3. INCIDENT OR PROJECT NAME <i>Trinity Ridge</i>		4. INCIDENT NUMBER <i>FD-00F-000618</i>		5. OPERATOR (name) <i>William Black</i>	
6. EQUIPMENT MAKE <i>Intinatumal</i>		7. EQUIPMENT MODEL <i>T-3</i>		8. OPERATOR FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT	
9. SERIAL NUMBER <i>2696</i>		10. LICENSE NUMBER <i>G 785FA</i>		11. OPERATING SUPPLIES FURNISHED BY <input checked="" type="checkbox"/> CONTRACTOR (net) <input type="checkbox"/> GOVERNMENT (BY)	
12. DATE MO DAY YR	START	STOP	13. EQUIPMENT USE HOURS/DAYS/MILES (WORK-SPEC)		14. REMARKS (released, down time and cause, problems, etc.)
<i>8/28/12</i>	<i>0600</i>	<i>2200</i>	<i>16</i>		
15. EQUIPMENT STATUS <input checked="" type="checkbox"/> a. Inspected and under agreement <input type="checkbox"/> b. Released by Government <input type="checkbox"/> c. Withdrawn by Contractor					
16. INVOICE POSTED BY (Recorder's Initials)					
17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE <i>[Signature]</i>			18. GOVERNMENT OFFICER'S SIGNATURE <i>[Signature]</i>		19. DATE SIGNED <i>8/30/12</i>
NSM 7346-01-119-9022 50897-102			OPTIONAL FORM 287 (Rev. 7-88) LOGANESS		

Emergency Equipment Use Invoice – The Engine Boss signs these as contractor and the receiving officer signature is the equipment person in Finance. If this is an initial attack fire you may not have this form. The hours should match the hours on the Equipment shift tickets.

ORIGINAL
(8/16/2012 - 9/2/2012)

Emergency Equipment - Use Invoice Invoice #: 12-ID-BOF-000628-000221A
This invoice has not received a final audit and is subject to change prior to payment. Official #: 01 Page 2 of 2

1. CONTRACTOR (Please print address): SUMMIT FIRE DISTRICT 8905 N KOCH FIELD RD FLAGSTAFF AZ 86004 PHONE: & FAX#:		2. INCIDENT OR PROJECT NAME: TRINITY RIDGE ID-BOF-000628 3. AGREEMENT NUMBER (From 07-204) 02-1755-12 4. EFFECTIVE DATES OF AGREEMENT a. Beginning: 4/1/2012 b. Ending: 4/1/2014	
5. EQUIPMENT (List make, model, serial no., etc.) ENGINE, TYPE 3 Usage ID: G785FA Make: 2007 (NTL) Model: T3 ENGINE		6. POINT OF HIRE (Location when hired): FLAGSTAFF, AZ 7. DATE OF HIRE: 08/16/2012 8. TIME OF HIRE: 0800	
9. ADMINISTRATIVE OFFICE FOR PAYMENT: AZ STATE FORESTRY FLAGSTAFF 3650 LAKE MARY RD FLAGSTAFF AZ 86001		10. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY: <input checked="" type="checkbox"/> CONTRACTOR (040) <input type="checkbox"/> GOVERNMENT (045) 11. OPERATOR FURNISHED BY: <input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT 12. RESOURCE ORDER NUMBER: E-244	

13. YEAR	14. WORK OR DATE RATE	15. SPECIAL RATE		16. TOTAL AMOUNT PAID	17. GUARANTEE	18. AMOUNT
		a. RATE	b. AMOUNT			
8	24 16.00	\$130.00	\$2,080.00	\$2,080.00		\$2,080.00
8	25 16.00	\$130.00	\$2,080.00	\$2,080.00		\$2,080.00
8	26 16.00	\$130.00	\$2,080.00	\$2,080.00		\$2,080.00
8	27 16.00	\$130.00	\$2,080.00	\$2,080.00		\$2,080.00
8	28 16.00	\$130.00	\$2,080.00	\$2,080.00		\$2,080.00
8	29 16.00	\$130.00	\$2,080.00	\$2,080.00		\$2,080.00
8	30 16.00	\$130.00	\$2,080.00	\$2,080.00		\$2,080.00
8	31 16.00	\$130.00	\$2,080.00	\$2,080.00		\$2,080.00
9	1 16.00	\$130.00	\$2,080.00	\$2,080.00		\$2,080.00
9	2 16.00	\$130.00	\$2,080.00	\$2,080.00		\$2,080.00

19. CHARGE CODE: P4G4QD	20. OBJECT CODE:	21. GROSS AMOUNT DUE: \$20,450.00
22. EQUIPMENT WAS: <input checked="" type="checkbox"/> RELEASED <input type="checkbox"/> WITHDRAWN Date: 9/2/2012 Time: 17:00	23. ITEM 23 FROM PREVIOUS PAGE: \$1,450.00	24. TOTAL AMOUNT DUE: \$21,900.00
25. REMARKS: FINAL	26. DEDUCTIONS (attach statement): \$0.00	27. ADDITIONS (attach statement): \$0.00
28. NET AMOUNT DUE: \$21,900.00	29. NOTE: CONTRACT RELEASE FOR AMOUNT IN CONSIDERATION OF RECEIPT OF PAYMENT BY THE AMOUNT SHOWN ON "NET AMOUNT DUE". USE IN CONTRACTOR HEREBY RELEASES THE GOVERNMENT FROM ANY AND ALL CLAIMS ARISING UNDER THIS AGREEMENT EXCEPT AS RESERVED IN "REMARKS" BLOCK 22.	
30. CONTRACTOR SIGNATURE: <i>William Jones</i>	31. DATE: 9/1/12	32. RECEIVING OFFICER'S SIGNATURE: <i>Walter S Okamoto</i>
33. PRINT NAME AND TITLE: William Jones EMB		34. DATE: 09/01/2012
		35. PRINT NAME AND TITLE: Walter S Okamoto EMB

Printed: 09/01/2012 08:08 Date From: Mod/Fax 517307 OPTIONAL FORM 388

Receipts – Put the receipts in date order and tape to a piece of paper in order not to lose them. Original receipts for rental cars, lodging and plane tickets must be sent in with the paperwork. Receipts for meal reimbursements do not have to be sent in but you must keep them in the file. If you are audited by the State and you can't show the receipts for meals you will be required to pay the State back the amount that you were reimbursed.

**** Note:** The State will not pay for insurance on Rental Cars. Make sure your department has rental cars covered in the department insurance policy. Be aware that rental companies will charge a fee for "loss of business" if anything happens to the rental car and most insurance companies will not pay this fee.

Resource Order- You must have a resource order. You will need to call State Dispatch once the resource has returned from an assignment and have them send you the demob (final) resource order. Make sure all the information is correct. Make sure the vehicle plate number matches the equipment that was dispatched. Call State Dispatch to make any corrections on the Resource Order. They may need to put the information in the user documentation section. If your employee will be renting a vehicle make sure it shows they are authorized for a rental vehicle on the resource order in the special needs section. Check the times to see if the release date and time come close to what the CTR and Equipment Shift tickets show. If the ending time is incorrect call State Dispatch and request they put the correct time in remarks. Here is an example of the resource order- The D (for Demobed) is highlighted.

RESOURCE ORDER		Initial Date/Time		2. Incident / Project Name		3. Incident / Project Order Number		Financial Codes									
EQUIPMENT		08/29/12 1557		Region 23 Complex		NE-NES-121135		PNO7AS (1502) (P) 237285 7321285 GPC128668									
5. Descriptive Location Region 23 Complex				6. Terrain		7. Base MEM		4. Office Reference Number									
				31M		SR PM, NE		8. Incident Base / Phone Number Date Modified 605-391-2927 605-399-3160 Dan Huff 605-364-2345 DAN HURT 308-665-1317 SD-GPC (Dispatch) 605-399-3160									
				LAT: 42 46 53 N				9. Jurisdiction / Agency: Metrosix Forest Service									
				LONG: 103 24 48 W				10. Dispatching Office: Great Plains Emergency Dispatch Center									
11. Aircraft Information																	
Heading	Distance	VOR	Contact Name		Frequency Type	Assigned Frequency	Reload Base	Other Aircraft / Hazards									
315	9	CDN			Air to Ground	166.6750	HGR										
312	46	AJA			Air to Air	123.4000	ZVS										
350	47	SFP			Air to Air	N601 125.8200	RAP										
					Air to Ground	A/D25 168.7000	QPC										
12. Request Number	Ordered Date/Time	From	To	Qty	Resource Requested	Need-By Date/Time	Deliver To	From Unit	To Unit	Assigned Date/Time	Resource Assigned Unit ID	Resource Assigned	MISC Ind	Estimated Time Of Departure	Estimated Time Of Arrival	Released Date	Released To
E-46	08/29/12 1554 MST	SD-GPC (Dispatch) 605-399-3160	SD-GPC	1	Engine Type 1	08/30/12 1800 MST	Region 23 Complex	AZ-ADC	SD-GPC	08/29/12 2338 PNT	AZ-ADC	ENGINE - T3 - AZ-SUM - LICR COLLECT - UNIT 12	D	09/04/12 0610 MST	08/29/12 1800 MST	09/04/12 0800 MST	Summit Fire District (AZ-SUM)
Travel Mode ADV		Financial Code PNO7AS (1502)		Special Needs: No local resources		Reporting Instructions: ICF: CRAWFORD ROCKED GROUNDS 12 MAIN STREET CRAWFORD, NE 69339											
E-46.1	08/29/12 2228 PNT	SD-GPC (Dispatch) 605-399-3160	SD-GPC	1	ENGINE 9005 (2700)	08/30/12 1800 MST	Region 23 Complex	AZ-ADC	SD-GPC	08/29/12 2328 PNT	AZ-SUM	LOWSTEIN ERG (AZ-ADC)	D	09/04/12 0810 MST	08/29/12 1800 MST	09/04/12 0800 MST	FLAGSTAR PULLMAN (FLG)
Travel Mode ADV		Financial Code PNO7AS (1502)		Special Needs:		Reporting Instructions: ICF: CRAWFORD ROCKED GROUNDS 12 MAIN STREET CRAWFORD, NE 69339											
E-46.2	08/29/12 2328 PNT	SD-GPC (Dispatch) 605-399-3160	SD-GPC	1	FIRE FIGHTER TYPE 2 (FFT2)	08/30/12 1800 MST	Region 23 Complex	AZ-ADC	SD-GPC	08/29/12 2328 PNT	AZ-SUM	YOUNT, KRISTOPHER (AZ-ADC)	D	09/04/12 0810 MST	08/29/12 1800 MST	09/04/12 0800 MST	FLAGSTAR PULLMAN (FLG)
Travel Mode ADV		Financial Code PNO7AS (1502)		Special Needs:		Reporting Instructions: ICF: CRAWFORD ROCKED GROUNDS 12 MAIN STREET CRAWFORD, NE 69339											

Region 23 Complex	NE-NES-121135
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It is helpful to group the paperwork together:

The CTR and Firefighter Time Reports go together

The Equipment Shift Tickets and the Emergency Equipment Use Invoice go together.

It is helpful to have a workbook in excel to use when creating a bill with the following spreadsheets:

- Invoice- This is where the information is entered to create an invoice for State Forestry
- Time Card/worksheet calculator-
- Engine Hours- This is a spreadsheet to enter the hours for the engine. This is optional but it can help to balance the hours on the Equipment Shift Ticket and the Equipment invoice.
- Personnel Hours- This is a spreadsheet to enter the hours for the personnel. This is optional but can help to balance the hours on the CTRs and the Firefighter Time Report.
- Travel- This is where you track what can be charged for lodging and meal reimbursement
- Backfill- This is where you create the rate for each person backfilling for personnel on the assignment.

* Your district fiscal specialist can assist you in obtaining one of these calculators if you need one.

EQUIPMENT

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Things to check on Emergency Equipment Shift Tickets (EEST): See getting organized for example.

- Make sure you have your agreement number from your cooperative agreement in Box 1
- Your department name in box 2
- The incident (fire) name in box 3
- The incident number in box 4
- The operator (engine boss) in box 5
- The equipment make in box 6
- The equipment model in box 7
- Contractor checked off in box 8
- The equipment serial number in box 9
- The license number in box 10 – **This needs to match what is on the resource order and what is on your cooperator agreement.**
- Contractor (wet) checked in box 11
- Make sure you have the dates and times in box 12 & 13.
- Box 15 Equipment status should have inspected and under agreement checked until the last day and then the box b. released by government should be checked.
- The Engine Boss or operator needs to sign box 17.
- Box 18 needs to be signed by a government official. If this is an initial attack fire this can be signed by the Chief or other officer of the department.
- Box 19 is the date it was signed.
- Make sure the E- number of the equipment is written on the shift ticket somewhere.

Enter the hours from the Equipment Shift Ticket onto the spreadsheet to come up with the total hours. Below is an example of a spreadsheet with hours entered. In this example they started at 06:00 and ended at 22:00. Enter 15 minutes as .25, 30 minutes as .50, and 45 minutes as .75.

<i>Date:</i>	<i>Starting Time</i>	<i>Ending Time</i>	<i>Hours Billed</i>	<i>Beginning Mileage</i>	<i>Ending Mileage</i>	<i>Total Miles</i>	<i>Mileage Cost</i>	<i>Hourly Cost</i>	<i>Total Cost</i>
8/16/2013	0600	2200	16			0	\$0.00	\$130.00	\$2,080.00
8/17/2013	0600	2200	16			0	\$0.00	\$130.00	\$2,080.00
8/18/2013	0600	2200	16			0	\$0.00	\$130.00	\$2,080.00
8/19/2013	0600	2200	16			0	\$0.00	\$130.00	\$2,080.00
8/20/2013	0600	2200	16			0	\$0.00	\$130.00	\$2,080.00
						0	\$0.00	\$0.00	\$0.00

Totals	80.0	\$10,400.00
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Total hours are 80 for the engine. When you enter this on the invoice it should balance to the amount on the Emergency Equipment Use Invoice. If it does not balance, go through day by day and see if the invoice has an incorrect time on it. You can make corrections on the invoice and initial it. Corrections on the Equipment Shift Ticket can only be made by the engine boss and you need his initials next to any

corrections.

If your equipment is paid mileage it must have the beginning and ending odometer readings on the Equipment Shift Ticket. Be sure to check the math.

If your equipment is paid a daily rate make sure the first and last day they have had at least 8 hours under hire. Time under hire is based on a calendar day from midnight to midnight. The first day the time goes from when they start until midnight. The last day it goes from midnight until their time stops. If it is under 8 hours they would get half of the daily rate. Enter this information on the invoice and make sure it balances to your Equipment use invoice.

<i>Date:</i>	<i>Starting Time</i>	<i>Ending Time</i>	<i>Total Hours</i>	<i>Beginning Mileage</i>	<i>Ending Mileage</i>	<i>Total Miles</i>	<i>Mileage Cost</i>	<i>Daily Cost</i>	<i>Total Cost</i>
8/16/2013	1400	2000	6	55600	55958	358	\$161.10	\$22.50	\$183.60
8/17/2013	0600	2200	16	55958	56362	404	\$181.80	\$45.00	\$226.80
8/18/2013	0600	2200	16	56362	56474	112	\$50.40	\$45.00	\$95.40
8/19/2013	0600	2200	16	56474	56528	54	\$24.30	\$45.00	\$69.30
8/20/2013	0600	1600	10	56528	57066	538	\$242.10	\$45.00	\$287.10
						0	\$0.00	\$0.00	\$0.00
Totals			64.0			1466.0	\$659.70	\$202.50	\$862.20

NOTE:

1. The travel days should have a (T) on the days of travel.
2. **Equipment does not take a break.** Even though the CTRs for personnel may have 0600-1200 and 1230-2200 for their times, the Equipment shift tickets would have 0600-2200. If breaks are shown on the Equipment Shift Tickets you can bill straight through.
3. Make sure the shift ticket times match the CTR's. The equipment time stops when it returns to quarters. Do not include rehab time for equipment.
4. If the equipment breaks down, the time stops when it breaks down. This must be noted on the Equipment shift ticket in remarks. See Personnel Time for payment of personnel if equipment breaks down.
5. New in 2014- ATVs and UTVs are not paid a daily rate unless their wheels are turning. This means that they are not paid for the travel days (trailerling).

PERSONNEL TIME

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Things to check for on the Crew Time Reports (CTRs)- see getting organized for example.

- All times should be in military time
- If the shift worked through midnight the time needs to be shown on both calendar days.
- Breaks are taken every 6-8 hours unless “working uncontrolled fireline” is documented on the CTR.
- Make sure box 12 on the CTR is signed by a supervisor. **Employees listed on the CTR cannot sign the CTR as the supervisor.** If this was initial attack have the department chief or other officer sign the CTR.
- If a crew worked over 16 hours on a shift they **must** have a justification signed by the Incident Commander or immediate supervisor if it was after initial attack- the 1st operational period.
- If your equipment has broken down or is unavailable for use by the fire the personnel are limited to 8 hours of pay, unless they find other work that exceeds 8 hours. If it is their regular shift day they will be paid for the straight time shift. The crew has the option to work for another division or in camp. If they do they will get paid for their hours but they must have the CTR signed by the person they are working for and document what they are doing on the CTR.

Enter the times from the Crew Time Reports (CTRs) to a spreadsheet in order to check the hours. Below is an example of a spreadsheet for personnel hours. It is helpful to balance the hours but it is optional.

PERSONNEL HOURS

Date	Start	Finish	Hours
8/16/2012	10.5	18.5	8
	19	22.5	3.5
8/17/2012	6.5	13	6.5
	13.5	21	7.5
8/18/2012	6	14	8
	14.5	21.5	7
8/19/2012	6	14	8
	14.5	22	7.5
8/20/2012	6	14	8
	14.5	22	7.5
8/21/2012	6	14	8
	14.5	21.5	7
8/22/2012	6	14	8
	14.5	22.5	8
8/23/2012	23	24	1
	0	2	2
8/23/2012	12	20	8
	20.5	22	1.5
Total:			115

Make sure the hours match to the hours on the Emergency Firefighter Time Reports (see example in Getting Organized Section). If there is a discrepancy you will need to go through day by day to determine if the Firefighter Time Report is incorrect. You can make corrections on this report. Draw a line through the error and make the correction. Be sure to initial your correction.

If there is an error on a CTR it would need to be corrected by the Engine Boss or employee and initialed by them.

You are now ready to create time cards/work calculator for the personnel. How you do this depends on how your shifts work on district. For this example the crew works 24 hour shifts in district and the shifts start at 0800 and go to 0800 the next morning.

For 24 hour shift employees the state will pay for the 24 hour shift and any hours outside those shift hours are overtime.

Any Holiday pay is paid the same as you would in district. As an example, for Summit Fire District, employees are paid holidays on their regular schedule at time and a half. If it is not their regular schedule and they work a holiday they are paid double time. **You will need to provide a copy of your Holiday Pay Policy to the State.**

Below is an example of the time card used at Summit Fire District. This time card is color coded to show the different shifts. Your time card should have the Straight time and Overtime rates on it. These are the rates you charge the State.

Enter the straight time and overtime hours for personnel on the invoice. These hours must be listed **separately for each employee.**

NAME OF FIRE DEPARTMENT

Name: Enter Employee Name
 Fire Name: Enter Fire Name

FIRE TIME SHEET

Fire Dates: enter dates of fire

Rate:
 ST: enter state billing straight time rate
 OT: enter state billing OT rate

Shift Days	B Shift											Total
Date	8/17	8/18	8/19	8/20	8/21	8/22	8/23	8/24	8/25	8/26		
ST		16	24	8				16	24	8	96	
OT	11.5	14	2	13.5	15	17	11.5	2		13.5	100	
Total Hrs Worked	11.5	14	15	15.5	15	17	11.5	15.5	16	16	162.5	

Note: On the Date line - enter the dates of the fire and shade the cells to match their shift if they are shift workers. The Total hours worked are the hours the employee worked on the fire. This should balance to the CTR and Firefighter Time Report.

Below is an additional Example for billing personnel:

Pinetop Fire Department Firefighter Time Report

Firefighter Name First name, Last Name Rates:
 Incident Name: Enter Fire Name Regular Wages Enter Straight time billing rate
 Incident Number: Enter Incident Number Overtime Wages Enter Overtime billing rate
 Fire Dates : Enter Dates of fire

Date	Start Time	End Time	Start Time	End Time	Start Time	End Time	Regular Hrs.	O.T. Hrs.	Regular Wages	Over Time Wages	Total Wages
6/6/13	600	1200	1230	2200				15.5		\$435.55	\$435.55
6/7/13	600	0800	0800	2400			16.0	2.0	\$299.68	\$56.20	\$355.88
6/8/13	0000	2400					24.0		\$449.52		\$449.52
6/9/13	0000	0800	0800	1200	1230	2230	8.0	14.0	\$149.84	\$393.40	\$543.24
6/10/13	600	1200	1230	2230				16.0		\$449.60	\$449.60
6/11/13	600	1200	1230	2230				16.0		\$449.60	\$449.60
6/12/13	600	1200	1230	2230				16.0		\$449.60	\$449.60
6/13/13	600	0800	0800	2400			16.0	2.0	\$299.68	\$56.20	\$355.88
6/14/13	0000	2400					24.0		\$449.52		\$449.52
6/15/13	0000	0800	0800	1200	1230	2230	8.0	14.0	\$149.84	\$393.40	\$543.24
6/16/13	600	1200	1230	1900	1900	2000		13.5		\$379.35	\$379.35

Note:

1. The department will need written documentation for approved R&R from the incident commander and **the state must have a copy of your R&R policy.**

BACKFILL

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The State will pay for backfill of the personnel on the fire. They will pay the difference between the person on the fire and the one backfilling. In order to come up with a rate for backfill, you would use the rate for both that is with benefits. You take the overtime rate for the person backfilling and subtract the straight time rate for the person on the fire. This is the rate for the Backfill. See the spreadsheet below.

DEPARTMENT NAME HERE BACKFILL RATE SHEET

Fire Name: ENTER NAME OF FIRE

Personnel: ENTER PERSON BACKFILLING

enter burden OT

OT Rate: \$ 27.44 rate,backfill employee

Covered For:	Date	Hourly Rate ST	Billing Rate - OT rate - ST rate
Employee on Assignment	date of backfill	\$ 21.42	\$ 6.02
Employee on Assignment	date of backfill	\$ 20.32	\$ 7.12
Employee on Assignment	date of backfill	\$ 20.32	\$ 7.12
Employee on Assignment	date of backfill	\$ 20.32	\$ 7.12

There should be one sheet for each person backfilling.

On the Invoice enter the name of the person backfilling, who he backfilled for and the date he backfilled. Enter the number of hours and the rate.

Required backfill is expected to be only applied to full time responding fire station shift personnel. The state does not expect backfill charges for fire chiefs, assistant chiefs, division chiefs, training chiefs, administrative chiefs, or other support and administrative personnel.

TRAVEL

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When putting in for travel reimbursement you use the Arizona State Lodging rate for in state travel and the Federal Lodging rate for out of state travel. You use the State Reimbursement rate for all meals both in and out of state. You can include up to an 18% gratuity for the meals as long as the total does not exceed the approved rate. You can find the Federal Lodging Rate at www.gsa.gov/perdiem and the state rate at www.gao.az.gov/travel/. The amount that is reimbursed depends on where they stayed or where they ate.

Lodging

Find the rate that applies to where they stayed. The State will not reimburse for any extra charges such as phone, movies, internet, safe fee, etc. If the hotel/motel bills for these, you must subtract these fees from the amount billed to the state. The amount allowed is excluding taxes, so if you are allowed \$69.00 for lodging you can be reimbursed the 69.00 plus the taxes for the \$69.00. If the lodging rate is more than the allowed amount you can only charge for the allowed amount plus taxes. Make adjustments on the taxes so you are billing the appropriate tax amount for the allowed charges.

Note: You must have an itemized receipt from the hotel/motel. Credit card receipts are not acceptable for reimbursement of lodging.

Enter the Date and the hotel name and the amount on the invoice under Supplies, Travel, and Miscellaneous.

Meals

For in state assignments the department is responsible for meals for the first 12 hours.

Find the rate that applies to where they ate. You can be reimbursed for the meal up to the amount allowed. You need to have receipts for the meals. You do not need to turn these in with the paperwork to the State but if you are audited and do not have a receipt you will be required to pay that money back to the State.

Fill out a spreadsheet like the one below. This will show how you came to the rate you billed for travel reimbursement. Enter the date, the employee or crew name (example: Martinez Crew) and the city and county of the expense. Look up the allowed rate and put that under breakfast, lunch, dinner and lodging for your applicable charges.

Meals & Lodging				ALLOWED RATES			
Date	Name	Location	County	Breakfast	Lunch	Dinner	Lodging
	Personnel or crew name	City	County				

Enter the itemized reimbursement amounts on the invoice under Supplies, Travel, and Miscellaneous.

CLAIMS

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Claims can be filed for equipment that has been damaged due to the fire. The individual or crew supervisor needs to go the Comp Claims unit in Finance at the fire to initiate a claim for the repair or replacement. They need to get as much documentation to back up the claim as possible. This would include photos, witness statements and a complete written document by the Engine Boss and crew as to what happened that caused the damage. The better the documentation the better the chance the claim would be paid. The State requires that you have witness statements from people other than your employees if possible. If a piece of equipment has been damaged the crew must get an **S number** while on the fire for replacement or repair of the equipment. Get a copy of the resource order for the S number.

Due to the time required to review and approve a claim and make payment, or forward the invoices to the proper federal agency, you **must** submit a separate invoice for the claim so it does not hold up the processing of the invoice for the assignment. Be sure to make a note on the original invoice that a claim will be filed on a separate invoice. Claims should be submitted no later than 14 days after the assignment with all relevant documentation. The appropriate ASFD District will respond with a determination in writing no later than 30 days from receipt of claim. If the Department wants an appeal of the District Forester's decision, they have 14 days to appeal. The appeal shall be in writing with the Departments reasoning as why an appeal is requested. This appeal shall be sent to the appropriate AZFD District and will be forwarded to the State Office. The State Office Fire Business Committee will review and provide a written determination to the department no later than 30 days from receipt of appeal.

The acquisition of an S number does not guarantee a claim will be paid.

INJURIES

Any injury or illness claims must be run through the departments Worker's Compensation Policy.

SUBMITTING THE BILL

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All the supporting documentation needs to be in a neat order. Put all the paperwork that references personnel, equipment, travel, etc. together. Remember the easier it is for the State personnel to go through the invoice the faster they can process it for payment. The State personnel will audit the invoice and may call for clarification on the invoice.

Documents that must be in the packet:

- Signed Invoice – This must be signed by an officer of the department.
- Original Lodging Receipts if applicable
- Travel Form if applicable
- Original Equipment Shift Tickets- pink copy
- Original Equipment Use Invoice if applicable
- Original Crew Time Reports (CTR)
- Original Firefighter Time Reports if applicable
- Time Cards/Work Calculator
- Backfill Reports
- Resource Order
- Wildland Report if it is an initial attack fire on state land
- Written recommendation from Incident Commander for R/R if assignments are 14 days or more not including travel (if applicable)
- Justifications for hours over 16 other than initial attack (if applicable)

Note: Invoices should be submitted within 30 days of the end of the assignment. If an invoice is received by the State after 90 days it is subject to refusal.

CONTACT INFORMATION

[Index](#)

Arizona State Dispatch 800-309-7081

Arizona Fire Chief Association- Wildland Committee Chairman

Don Howard

Summit Fire District

928-526-9537

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Finance Sub-committee Chairman:

Charlotte Williams

Pinetop Fire Department

928 367-2199

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STATE FORESTRY CONTACT INFORMATION

DISTRICT 1 – PHOENIX

Fiscal Specialist (processes bills)

Christopher Budreski

602-771-1418

christopherbudreski@azsf.gov

District Forester

Jim Downey

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jimdowney@azsf.gov

DISTRICT 2 – FLAGSTAFF

Fiscal Specialist (processes bills)

Shannon Kelly

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District Forester

Kevin Boness

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kevinboness@azsf.gov

DISTRICT 3- TUCSON

Fiscal Specialist (processes bills)

Debra Stanley

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District Forester
Eugene Beaudoin
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genebeaudoin@azsf.gov

Tina Waddell – Supervisor for all Fiscal Specialists
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tinawaddell@azsf.gov

DIRECT DEPOSIT

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Direct Deposit is available to departments. To sign up your department you will need an ACH Vendor Authorization Form. This form is available at the GAO Website. Go to www.gao.az.gov. Click on online forms to the left. Click on ACH and vendor forms. Below is a copy of the form.



State of Arizona - Department of Administration - General Accounting Office (GAO)
ACH Vendor Authorization - Attn: Vendor Setup - 100 N 15th Ave, STE 302, Phoenix, AZ 85007

Please notify all State agencies that you do business with of any ACH requests

Section 1	REQUEST TYPE <input type="radio"/> New <input type="radio"/> Change <input type="radio"/> Cancellation, Cancellation Reason: _____			
Section 2	PAYEE IDENTIFICATION Federal Employer's Identification Number (EIN) _____ - _____ Disclosure of your social security number is voluntary pursuant to 42 U.S.C. 405(c)(2)(C). The State of Arizona will use your SSN or EIN to file required information returns with the Internal Revenue Service. OR State Employee EIN _____ OR Social Security Number (SSN) _____ - _____ - _____ Payee's Name _____ Phone _____ Ext _____ Address _____ City _____ State _____ Zip Code _____			
Section 3	CHANGE INFORMATION-FOR CHANGE REQUEST ONLY Changing: <input type="checkbox"/> Financial Institution <input type="checkbox"/> Account Type <input type="checkbox"/> Account Number <input type="checkbox"/> Authorized Signers Previous Financial Institution: _____ Previous Account Type: _____ Previous Account Number: _____ <input type="radio"/> Checking <input type="radio"/> Savings _____			
Section 4	AUTHORIZATION FOR NEW SETUP, CHANGE(S) OR CANCELLATION <small>Pursuit to A.R.S. Sec. 35-185, I authorize the Arizona Department of Administration (ADDA), General Accounting Office (GAO) to process payments owed to me by the State of Arizona (State) via Automated Clearing House (ACH) deposits. The State shall deposit the ACH payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or made impossible, or my electronic payments may be erroneously made. I authorize the State to withdraw from the designated account all amounts deposited electronically in error in accordance with NACHA rules and timelines. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize the State to withhold any payment owed to me by the State until the erroneous deposited amount are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to the ADDA-GAO. The change or revocation is effective on the day the ADDA-GAO processes the request. I certify that I have read and agree to comply with the State's rules governing payments and electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. I consent to, and agree to, comply with these rules even if they conflict with this authorization form. I authorize the State to stop making electronic transfers to my account without advance notice. I certify that I am authorized to contract for the entity receiving deposits pursuant to this agreement, that all information provided is accurate.</small> Name _____ Authorized Signature (Required) _____ Title _____ Date _____ Additional Authorized Signers Name _____ Authorized Signature _____ Title _____ Date _____ Name _____ Authorized Signature _____ Title _____ Date _____ Name _____ Authorized Signature _____ Title _____ Date _____ I would like to receive addendum records in the following format: <input type="radio"/> CTX <input type="radio"/> CCD <input type="radio"/> CCD+ <i>Please Note: If your financial institution is unable to receive addendum information, detailed information can be obtained online at http://venpay.gao.azdoa.gov.</i> _____ If State Employee, attach a cancelled check here _____			
Section 5	FINANCIAL INSTITUTION (Must be completed by a financial institution representative) -FOR NEW OR CHANGE REQUEST ONLY Financial Institution Name _____ Phone _____ Ext _____ Address _____ City _____ State _____ Zip Code _____ Routing Transit # _____ Customer Account # _____ Account Type <input type="radio"/> Checking <input type="radio"/> Savings Financial Institution Representative Name _____ Title _____ Signature (Required) _____ Date _____ Phone _____ Ext _____			
GAO USE ONLY				
Section 6	Verified by and date _____	Entered by and date _____	Vendor # _____	MC _____
	Prenote date _____	Input verified by _____	Approved by _____	