

**FLORIDA DIVISION OF EMERGENCY MANAGEMENT  
CONTRACT WORK SUMMARY RECORD**

APPLICANT	PA ID	PROJECT	DISASTER NUMBER
LOCATION/SITE	CATEGORY		PERIOD COVERING From: _____ To: _____

DESCRIPTION OF WORK PERFORMED

CONTRACTOR	DESCRIPTION OF CONTRACT WORK OR CONTRACT SERVICES/COMMENTS	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>GRAND TOTAL:</b>		\$

I CERTIFY THAT THE ABOVE INFORMATION WAS OBTAINED FROM PAYROLL RECORDS, INVOICES, OR OTHER DOCUMENTS THAT ARE AVAILABLE FOR AUDIT.

CERTIFIED	TITLE	DATE
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