EMERGENCY REIMBURSEMENT CHECKLIST

THIS CHECKLIST MUST BE INCLUDED AS AN ATTACHMENT FOR ALL EMERGENCY REIMBURSEMI

CHECKLIST	REGION			
I. **VERIFICATION**	Yes	No	Date	Surname
1. Has the Region/Agency verified that an emergency situation (as defined in the Guidelines) exist.				
2. Was the emergency caused by a lack of preventative maintenance?				
II. **BACKLOG ENTRIES**				
1. Has the Region verified that the Region/Agency Location category and sequence numbers have been encoded as a U-1 backlog entry into the FMIS System?				
2. Have category and sequence numbers been included in this request for emergency reimbursement package?				
III. **SUPPORT DOCUMENTATION**				
1. Time and attendance sheets, if work was done by force account, are required.				
2. FFS Documents indicating that funds have been expended or obligated for the full amount or if the emergency occurs during August or September that the funds have been obligated, are required.				
3. Paid invoices or written statements from the appropriate vendor indicating the service and/or equipment has been paid for, are required. (cancelled checks)				

Region: _____   **Loc Code:** _____   **Bldg #:** _____   **Backlog #:** _____

Comments: _____

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_____

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_____

ENT REQUESTS

OFMC - TAT	
Date	Surname

Cost: _____