

## LGFF Option 3 EXAMPLE Incident Invoice



**Fire Department Name:** Dry Lake Fire Department  
**Fire Department ID (FDID):** 01524  
**Fire Department Address:** 452 Main Street  
**Fire Department City, State, Zip:** Dry Lake MT, 59501  
**Fire Department Phone Number:** 406-874-2541  
**Fire Department Email Address:** [dlvfd@gmail.com](mailto:dlvfd@gmail.com)  
**DNRC Agreement Number:** 2022-NELO-DLFD001

**Invoice Date:** 07/11/22  
**Invoice #:** 458982  
**Incident Name:** West Hill  
**Incident Number:** 2022-MTNES-002114  
**Resource Order Number:** E-16  
**Resource Type:** ENG6  
**License #:** 22-4524

*This invoice shall be used to compile costs for a single piece of equipment/personnel on a single incident, under a single resource order*

Incident Totals (use the applicable tabs at bottom of this sheet. Data entered there will auto-calculate here)	
<b>Total Equipment</b>	\$ 3,024.00
<b>Total Unleaded</b>	\$ 306.51
<b>Total Diesel</b>	\$ -
<b>Total Meals/Per Diem</b>	\$ 486.00
<b>Total Lodging</b>	\$ 618.00
<b>Total Mileage</b>	\$ -
<b>Total Other</b>	\$ 45.00
<b>Total Personnel</b>	\$ 6,752.88
<b>Invoice Total</b>	\$ 11,232.39

**Notes (information relevant to invoice, backfill justification etc.)**

Response to West Hill fire from 6/20-6/23. Backfill required for local shift coverage (Smith). No camp provided, motels and per diem authorized by incident. Smith (ENGB) Hansen (FFT1) Morse (FFT1)

**Completed by:**

Dave Smith, Fire Chief

## LGFF Option 3 Incident Invoice

### Personnel Time - (Include supporting time sheets, crew time reports, shift tickets, etc.)

Date	Mobilized Employee Last Name	Backfill Employee Last Name	Backfilling for____?	Reg Hours	Reg Rate (TCC)	OT Hours	OT Rate (TCC)	Total	
6/20/2022	Smith			15	\$39.92		\$ -	\$ 598.80	
	Hamilton					15	\$ 45.75	\$ 686.25	
	Morse					15	\$ 45.75	\$ 686.25	
		Hansen	Smith				16	\$ 45.75	\$ 732.00
								\$ -	\$ -
6/21/2022	Smith			8	\$39.92	7	\$ 59.88	\$ 738.52	
	Hamilton					15	\$ 45.75	\$ 686.25	
	Morse					15	\$ 45.75	\$ 686.25	
		Hansen	Smith				8	\$ 45.75	\$ 366.00
								\$ -	\$ -
6/22/2023	Smith					12	\$ 59.88	\$ 718.56	
	Hamilton			8	\$30.50	4	\$ 45.75	\$ 427.00	
	Morse			8	\$30.50	4	\$ 45.75	\$ 427.00	
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# LGFF Option 3 Incident Invoice

Date	Mobilized Employee Last Name	Backfill Employee Last Name	Backfilling for___?	Reg Hours	Reg Rate (TCC)	OT Hours	OT Rate (TCC)	Total
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<b>Personnel Time Total</b>								<b>\$ 6,752.88</b>

LGFF Option 3 Incident Invoice

**Equipment Time**

<b>Date</b>	<b>Resource Type</b>	<b>Units Worked (Hours/Days/Each)</b>	<b>Rate</b>	<b>Total</b>
6/20/2022	ENG6	15.00	\$ 72.00	\$ 1,080.00
6/21/2022	ENG6	15.00	\$ 72.00	\$ 1,080.00
6/22/2022	ENG6	12.00	\$ 72.00	\$ 864.00
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<b>Equipment Total</b>				<b>\$ 3,024.00</b>



LGFF Option 3 Incident Invoice

**Diesel Fuel (attach original receipts)**

Receipt Date	Gallons from receipt	Fleet Fuel Card (WE or WEX) Tax Deduction Rate	Fuel Tax Deduction	Total Receipt Amount	Total Invoice Amount (less Fuel Tax Deduction)
		\$0.243	\$0.000		\$ -
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<i>Use this section for Diesel Fuel not purchased on Fleet Card with Tax deduction:</i>					<b>Receipt Total:</b>
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<b>Diesel Fuel Total</b>				<b>\$ -</b>	<b>\$ -</b>





LGFF Option 3 Incident Invoice

**Meals and Per Diem - (include supporting documentation for rates being used)**

<b>Date</b>	<b>Name</b>	<b>Description</b>	<b>Justification</b>	<b>Rate</b>	<b>Total</b>
6/20/2022	Smith	B, L, D	No Camp-Per Diem Auth.	\$ 54.00	\$ 54.00
6/20/2022	Hamilton	B, L, D	No Camp-Per Diem Auth.	\$ 54.00	\$ 54.00
6/20/2022	Morse	B, L, D	No Camp-Per Diem Auth.	\$ 54.00	\$ 54.00
6/21/2022	Smith	B, L, D	No Camp-Per Diem Auth.	\$ 54.00	\$ 54.00
6/21/2022	Hamilton	B, L, D	No Camp-Per Diem Auth.	\$ 54.00	\$ 54.00
6/21/2022	Morse	B, L, D	No Camp-Per Diem Auth.	\$ 54.00	\$ 54.00
6/22/2022	Smith	B, L, D	No Camp-Per Diem Auth.	\$ 54.00	\$ 54.00
6/22/2022	Hamilton	B, L, D	No Camp-Per Diem Auth.	\$ 54.00	\$ 54.00
6/22/2022	Morse	B, L, D	No Camp-Per Diem Auth.	\$ 54.00	\$ 54.00
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<b>Meals and Per Diem Total</b>					<b>\$ 486.00</b>

## LGFF Option 3 Incident Invoice

### Lodging - (Include actual receipts)

Date	Name	Description	Justification	Rate w/tax	Total
6/20/2022	Smith	Qualtiy Inn	No Camp-Per Diem Auth.	\$ 103.00	\$ 103.00
6/20/2022	Hamilton	Qualtiy Inn	No Camp-Per Diem Auth.	\$ 103.00	\$ 103.00
6/20/2022	Morse	Qualtiy Inn	No Camp-Per Diem Auth.	\$ 103.00	\$ 103.00
6/21/2022	Smith	Qualtiy Inn	No Camp-Per Diem Auth.	\$ 103.00	\$ 103.00
6/21/2022	Hamilton	Qualtiy Inn	No Camp-Per Diem Auth.	\$ 103.00	\$ 103.00
6/21/2022	Morse	Qualtiy Inn	No Camp-Per Diem Auth.	\$ 103.00	\$ 103.00
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<b>Total</b>					<b>\$ 618.00</b>

LGFF Option 3 Incident Invoice

**Other/Damage/Claims - (Include actual receipts and copy of justification or S#)**

Date	Description	Justification	Total
6/22/2022	Flat tire. Replaced by Dept. S# -131		\$ 45.00
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<b>Other Total</b>			<b>\$ 45.00</b>