INCIDENT INFORMATION: ____________________________________________________________
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SUBSTANCE(S) INVOLVED: _________________________________________________________
____________________________________________________________________________
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SUMMARY OF RESPONSE ACTION: _________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
ADDITIONAL INFORMATION: ______________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
DOCUMENTATION ATTACHED: ____ PHOTOS  ____ VIDEO  ____ RECEIPTS
____NARRATIVE/TIMELINE
PERSONNEL COSTS - Idaho Code Section 39-7109(b)

DIRECTIONS: Please complete this form for reimbursement if employee costs were incurred for the time and efforts devoted specifically to this response that are not otherwise provided for in your operating budget. For example: overtime pay, recalled personnel and personnel paid for responding out of jurisdiction. Record their hourly pay including your department’s benefits rate, whether they worked OT, recalled, or were paid on call, total response hours, a brief description of their on-scene duties and indicate their appropriate training level(s).

DEPARTMENT NAME:  

<table>
<thead>
<tr>
<th>Name</th>
<th>Duty Status (OT, Recall, Paid on Call)</th>
<th>Hourly Rate Plus Benefits</th>
<th>Total Hours</th>
<th>Total Amount</th>
<th>On-Scene Duties</th>
<th>Awareness Operations Technician Incident Command</th>
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TOTALS:  

EMPLOYER CERTIFICATION: I hereby certify that all personnel cost listed herein are for overtime and/or recalled personnel only. I further certify that all information contained on this form is true and correct to the best of my knowledge.

______________________________     _____________________  
Signature      Date

______________________________  
Title
MEDICAL TREATMENT - Idaho Code Section 39-7109(g)

DIRECTIONS: Please complete this section for reimbursement of medical treatment costs for response personnel. Receipts for services provided must be attached.

DEPARTMENT NAME:

<table>
<thead>
<tr>
<th>Name</th>
<th>Description of Medical Treatment</th>
<th>Total Cost</th>
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VEHICLES AND APPARATUS - Idaho Code Section 39-7109(c) and (d)

DIRECTIONS: Please complete this section for reimbursement of vehicles and apparatus used specifically for the response. Indicate if the amount claimed is for rental, leasing or replacement. Receipts must be attached.

DEPARTMENT NAME:

<table>
<thead>
<tr>
<th>Item</th>
<th>Rent Lease or Replace</th>
<th>Qty</th>
<th>Total Hours</th>
<th>Unit Cost or Hourly Rate</th>
<th>Total Cost</th>
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TOTALS=
MATERIALS/SUPPLIES/DECON - Idaho Code Section 39-7109 (a),(e) and (i)

DIRECTIONS: Please complete this section for reimbursement of materials, supplies and decon of equipment costs incurred as a result of the incident. Receipts for these costs must be attached.

DEPARTMENT NAME:

<table>
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<tr>
<th>Item</th>
<th>Qty</th>
<th>Unit Cost</th>
<th>Total Cost</th>
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MISCELLANEOUS/TECHNICAL SERVICES/LAB COSTS - Idaho Code Section 39-7109 (b), (f) and (h)

DIRECTIONS: Please complete this section for reimbursement of miscellaneous costs, technical services and lab costs utilized specifically for the response. Receipts must be attached.

DEPARTMENT NAME:

<table>
<thead>
<tr>
<th>Item or Technical Advisor</th>
<th>Qty</th>
<th>Unit Cost or Hourly Rate</th>
<th>Total Cost</th>
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SAMPLE SUMMARY LETTER
FOR MULTIPLE AGENCY RESPONSE

(Your Department Letterhead)

(DATE)

Bureau of Homeland Security
4040 Guard St., Bldg. 600
Boise, ID  83705-5004

Re: Invoice for HM Response  STATECOMM #:
Date of incident:

Please consider this letter an invoice for reimbursement in response to the above referenced hazardous materials incident.

The following agencies incurred costs relating to the incident are as follows:

1. Agency
   Address to send payment to $1,610.00
2. Agency
   Address to send payment to 800.00
3. Agency
   Address to send payment to 125.00
4. Agency
   Address to send payment to 120.00
5. Agency
   Address to send payment to 220.00
6. Agency
   Agency to send payment to 240.00

Total $3115.00

Itemized reports from each agency listed are enclosed with this letter.

* I hereby certify that all the costs submitted were incurred as a result of response to this incident and that we have not nor will receive payment for these costs from any other source. I certify that the personnel costs are for overtime pay and recalled personnel. These costs would not have been incurred had the incident not occurred.

Sincerely,

(Person submitting cost)

* Please make sure this paragraph is included in your cover letter. Thanks.
SAMPLE SUMMARY LETTER

(Your Department Letterhead)

(DATE)

Bureau of Homeland Security
4040 Guard St., Bldg. 600
Boise, ID  83705-5004

Re:  Invoice for HM Response    STATECOMM #:

Date of incident:

Please consider this letter an invoice for reimbursement in response to the above referenced hazardous materials incident.

Please send payment to (Agency)
Address

The costs relating to the incident are as follows:

1. Personnel Overtime Costs $1,610.00
2. Medical Monitoring/Treatment 300.00
3. Vehicles and Apparatus 80.00
4. Disposal Material/Supplies 120.00
5. Decon/Disposal 10.00
6. Miscellaneous/Technical/Lab Costs .00

Total $2,120.00

* I hereby certify that all the costs submitted were incurred as a result of response to this incident and that we have not nor will receive payment for these costs from any other source. I certify that the personnel costs are for overtime pay and recalled personnel. These costs would not have been incurred had the incident not occurred.

Sincerely,

(Person submitting cost)

* Please make sure this paragraph is included in your cover letter. Thanks.