

**INVOICE FORM FOR RFPC AND OTHER FIRE EQUIPMENT**  
**WILDLAND COOPERATIVE FIRE CONTROL AGREEMENT**

USFS: \_\_\_\_\_

USDI: \_\_\_\_\_

FIRE NO.: \_\_\_\_\_

P CODE: \_\_\_\_\_

FIRE NAME: \_\_\_\_\_

RESOURCE ORDER NO.: \_\_\_\_\_

INCLUSIVE DATES: \_\_\_\_\_

RFPC EQUIPMENT USED (EXHIBIT )

OTHER EQUIPMENT USED (EXHIBIT )

TYPE	HOURS	RATE *	COST	TYPE	MILES / HOUR	RATE *	COST
6x6 600 – 1500 GL	_____	_____	_____	_____	_____	_____	_____
4x4 101 – 500 GL	_____	_____	_____	_____	_____	_____	_____
4x4 10 – 100 GL	_____	_____	_____	_____	_____	_____	_____
4x2 601 – 1000 GL	_____	_____	_____	_____	_____	_____	_____
4x2 100 – 600 GL	_____	_____	_____	_____	_____	_____	_____
601 – 100 GL2 / Tender	_____	_____	_____	_____	_____	_____	_____
100 – 600 GL Tender	_____	_____	_____	_____	_____	_____	_____
Portable Pumps	_____	_____	_____	_____	_____	_____	_____
Drop Tank	_____	_____	_____	_____	_____	_____	_____
Other – Specify:	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Total Cost RFPC Equipment = \$ \_\_\_\_\_

Total Cost Other Equipment = \$ \_\_\_\_\_

**RFPC SALARY COSTS**

Type	Number	Hours	Rate *	Cost
FF – 1	_____	_____	_____	_____
FF – GEN	_____	_____	_____	_____
FF – DIVS	_____	_____	_____	_____
FF – STL	_____	_____	_____	_____
FF – 1A	_____	_____	_____	_____
FF – 1B	_____	_____	_____	_____
FF – 2	_____	_____	_____	_____
FF – 3	_____	_____	_____	_____
Total Salary =				_____

\* Rate from Annual Operating Plan  
 \*\* See backside for breakdown

**GRAND TOTAL COSTS**

RFPC Equipment	_____
Other Equipment	_____
RFPC Salaries	_____
** Established Rate Salary	_____
** Other Cost	_____
** Fuel/Commissary Ded	< _____
<b>TOTAL =</b>	_____

I certify, under penalty of perjury, that this claim and the items included therein for payment are correct in all respects.

\_\_\_\_\_ Date

MAKE PAYMENT TO:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE: A separate Equipment Rental Agreement must be executed for equipment not covered by Exhibit \_\_\_ if used on a fire.

TAX ID NO.: \_\_\_\_\_

