



Arizona Department of Forestry and Fire Management

Cooperator's Billing Instructions

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Cooperator's Billing Instructions

CHECK LIST:

The following documents needs to be collected before the invoice can be generated. Not all of the items below will apply depending on the resource and the complexity of the assignment.

Minimum Incident Paperwork

- ✓ Emergency Equipment Shift Tickets **or**
 - Emergency Equipment – Use Invoice Optional Form 286
- ✓ Crew Time Reports **or**
 - Emergency Firefighters Time Report, OF-288
- ✓ Resource Order

Travel Expenses

This type of expense is usually seen on out-of-state assignments

- ✓ Travel Claim Form
- ✓ Lodging Receipts, signed by occupant(s)
- ✓ Meal Receipts
- ✓ Resource Order for in state assignments and/or
 - General message ICS-213 or
 - Email from AZDFFM Agency Representative
- ✓ Airline ticket receipts and/or baggage claim receipts
- ✓ Rental car receipts and gas receipts
- ✓ State of Arizona, Topic 50, Section 95 <http://gao.az.gov/travel/welcome-gao-travel>

Damage Claims

This type of expense needs to be billed on a separate invoice; compensation is at the discretion of the State

- ✓ ICS 213 General Message Form
- ✓ Pictures and any witness statements
- ✓ Resource Order (S#)

Reference Material

- ✓ Cooperative Fire Rate Agreement and Amendments
- ✓ General Provisions
- ✓ Employee Pay Rate Schedule
- ✓ Employee Shift Schedule

Fire Department Internal

- ✓ Payroll
- ✓ If backfill applies name of person who did backfill and # of hours

Items in red are changes that occurred from the 2014-16 to 2016-18 CFRAs.

STATE FORM FM 122 INVOICE FORMAT

This form and examples can be found on our [website: https://dffm.az.gov/fire/cooperators](https://dffm.az.gov/fire/cooperators), Invoice Form 2017 Workbook and Invoice Form 2017 Example Workbook

The invoice is broken down into 3 sections not including the header information: Equipment, Personnel, and Supplies, Travel and Miscellaneous



Each Incident has to be on a separate invoice.

HEADER INFORMATION

- ✎ Fire Department's name and information
- ✎ Invoice Date: Date the invoice is prepared
- ✎ Invoice #: Assigned by fire department
 - Needs to be unique and can be alpha or numeric or combination
 - This number will appear on payment when issued
- ✎ Incident Name: See Resource Order, box 2
- ✎ Incident Number: See Resource Order, box 3
- ✎ Incident Date: See Resource Order "Initial Date/Time"
- ✎ P Code: See Resource Order "Financial Codes"
 - Starts with the letter P e.g.: P3J6HM
- ✎ 3 Letter ID
 - You can find your fire department's ID on our website and on one of the tabs at the bottom of the Invoice Form Workbooks
- ✎ **Reassignment: Choose either yes or no.**
 - If yes, they were on multiple assignments, with no time off in between, please be sure to submit all assignment invoices with their appropriate backup on the same day (but separate emails) to eliminate duplication of shift schedule hours and backfill.
- ✎ Responded Time/Date:
 - This is the time and date when the person(s) leaves the home unit (when wheels start turning)
 - Time it takes to pack bags or ready the equipment is **not** reimbursable
- ✎ Released Time/Date:
 - This is the time when the person(s) left the incident
- ✎ Back In Service Time/Date:
 - This is the time when the person arrived back to home unit

Cooperator's Billing Instructions

EQUIPMENT SECTION

Add up all time or days/ mileage for each piece of equipment from the Emergency Equipment Shift Tickets (OF-297) or Emergency Equipment – Use Invoice (OF-286)

- ✎ Request Number #
 - On Resource Order in box 12
- ✎ License Number, Unit #, Vehicle Type, Rate Per Unit
 - Located on CFRA in Equipment Description section or on an Amendment Form
- ✎ Unit Worked
 - Total from either the Emergency Equipment Shift Tickets or Emergency Equipment – Use Invoice
 - Recorded to the nearest quarter of an hour (See Hourly Units in Glossary)

Hourly Rate Equipment does not take a meal break

- **NO REHAB TIME IS REIMBURSABLE FOR EQUIPMENT**

Daily Rate Equipment

- If worked less than 8 hours the Unit number would be billed at 50% of the **daily rate (does not apply to hourly rate equipment)**.
 - If a multiple day assignment and equipment stays overnight at the incident then the first day calculation would be from the start time to midnight of that day and as long as it is 8 hours or greater then it would be considered a full day. On the last day, the calculation would start from midnight to when arrived back at home unit and as long as it is 8 hours or greater then it would be considered a full day.
 - **0 miles for a day would not get a daily rate for that day.** Mileage should be rounded to the nearest whole number and odometer readings should be recorded on the OF-297
- ✎ Fuel: Equipment rates include fuel (also referred to as WET on the CFRA). There are times when fuel is provided at an incident and not paid for with a fire department credit card.
 - An OF-304 Emergency Equipment Fuel and Oil Issue is provided and should be deducted from the invoice. Often times this is noted on the OF-286 in box 26 Deductions.
 - Put on invoice as “Less Fuel” and put total as a credit (deduction)

Ambulances:

- Medical Transport: If an ambulance is mobilized to transport a patient, the hourly rate goes to 0 and reverts to their normal DHS billing procedures for the medical incident with a mileage rate of \$1.25 @ mile.

Cooperator's Billing Instructions



HELPFUL HINTS:

- **You can put more than one piece of equipment on an invoice as long as it is for the same incident**
- **You can add or delete lines to the FM-122 as needed, you'll need to go to REVIEW>Unprotect first. Verify the formulas in the Sub-totals and Grand Totals are still correct.**
- **Resource Order and Request Number are often referred to as the same thing**
- **The Emergency Equipment Fuel and Oil Issue OF-304 look very similar to the Emergency Equipment Shift Tickets OF-297 but should reduce the amount of the invoice.**
- **There is no rehab time allowed for equipment**
- **No reimbursement for inoperable equipment**
- **If return travel time was estimated, verify actual arrival time to home unit and adjust time accordingly**
- **If no OF-286 was provided on a multiple day assignment you can use Summary of Emergency Equipment Shift Tickets provided in the Invoice Form 2017 Workbook, EEST tab, to include with the invoice.**

Damage Claims

Should be submitted on a separate invoice FM122. Compensation for loss, damage or destruction is at the discretion of the state even if an S# has been issued by the incident.

The following are the required documents to be submitted with the invoice:

- Written description on an ICS Form 213 of how the loss, damage or destruction occurred (who, what, when, where and why) and be signed by the incident supervisor or a State of Arizona Representative
- Receipt of replacement item or repair paid for by Cooperator
- Supply Resource Order
- Copies of any paperwork submitted to the fire to obtain the S#

NOTE: If damage occurred on a team assignment, make sure you provide the documentation provided by the Compensation Claims Person.

Cooperator's Billing Instructions

PERSONNEL SECTION

Add up all time for personnel from the Crew Time Reports (SF-261) or Emergency Firefighter Time Report (OF-288). Exception for career personnel who have pre-existing labor contracts and pay schedules (see Wildland Work Calculator and Backfill section)

You'll need:

- CTR's or OF-288's
- Pay Rate Schedule: Listing of employee pay plus employee related expenses broken down into regular and overtime wildland rates.
- Fire Department's Payroll/Employee Shift Schedule: Their normal shift schedule when not on a wildland assignment (**previously arranged swapped schedules at the fire station do not qualify**). If backfill applies, you'll need names and hours of backfill person(s).

On invoice:

- ✎ Request Number #
 - On Resource Order in box 12
- ✎ Personnel Name
 - First and last name of individual who was on resource
- ✎ Personnel Type
 - Position at incident (e.g. FFT2)
 - Regular rate or overtime rate (e.g. REG or OT)
 - Example: FFT2-REG or FFT2-OT
- ✎ Hours Worked
 - Total hours according the actual hours worked on Crew Time Reports or OF-286s
or
 - For shift scheduled career employees total hours reported on Wildland Work Calculator sheet
 - Convert minutes to decimals (see glossary Hourly Unit)
- ✎ Rate Per Hour
 - Employee Pay Rate according to the Pay Rate Schedule that was previously provided to AZDFFM.



If there were changes to Pay Rate Schedule, include a copy of the Pay Rate Schedule with the invoice. Be sure you are picking up the correct pay rate for the time period that the employee worked.

- ✎ Total Amount
 - Hours worked * Rate per Hour = Total Amount
 - If reporting backfill charges and utilizing AZDFFM's Wildland Work Calculator sheet you can report total backfill charges under personnel section on the last line.

Cooperator's Billing Instructions

Crew Time Reports

Meal Breaks: Verify that meal breaks have been taken for anything over 8 hours in an operation period. If no meal break was taken, that there is documentation in remarks on the reason that meet the requirements in the IIBMH (yellow book) under Meal Periods page 10-15.

Signature on CTR: Signature should be by Supervisor on fire and not by any of the persons listed on the CTR. If there is no supervisor, then it is acceptable to be signed by the Fire Department's Chief or Battalion Chief.

Travel: Time should be broken out for travel time with a "T" in the 1st column of the CTR

Standard Staffing

Reimbursement for the minimum staffing levels are based on NWCG guidelines plus one person for engines and NWCG guidelines staffing for water tenders (not including one person).

<u>Type of Equipment</u>	<u>NWCG Guidelines:</u> <u># of Personnel</u>	<u>*State of Arizona</u> <u># of Personnel</u>
○ Type 1 Engine	4	4 to 5
○ Type 2 & 3 Engines	3	3 to 4
○ Type 4 to 7 Engines	2	2 to 3
○ Support Tenders	1	1
○ Tactical Tenders	2	2

*Any additional personnel over and above the ones listed above will require documentation on the resource order.

Regular Hours vs Overtime Hours

Full-time Career Personnel:

- Regular Hours are according to the employee's shift schedule at the home unit
- Overtime Hours are hours outside of the employee's shift schedule. Salaried employees who are eligible for overtime will require a copy of the labor contract to be filed with the State.

Volunteers and Supplemental Personnel:

- Regular Hours are defined as a seven day work week beginning the first day of the incident, e.g., Tuesday through Monday.
- Overtime Hours are defined as hours in excess of 40 hours in the same seven day work week as mentioned above.
- Holiday Hours: No special pay for holidays.

If you are using both regular hours and overtime hours you would need 2 lines on the Invoice Form FM-122, one line for the regular hours and the second line for the overtime hours for each person.

Cooperator's Billing Instructions

Wildland Work Calculator and Backfill

This form needs to be filled out for full-time career personnel who have pre-existing labor contracts and pay schedules.

Typically work a 24 or 48 hour shift schedule.

Also would recommend to fill out for Volunteer hours greater than 40 hours worked in a 7 day period.

You'll need:

- Fire Department's Shift Schedule
- CTR's or OF-288
- Pay Rate Schedule
- Fire Department Payroll
- Examples can be found on the Invoice Form 2017 EXAMPLE Workbook, tab labeled WorkHoursCalculator

- ✍ Fire Name and Number: Should fill in automatically from Invoice Form is using Workbook
- ✍ Employee Name: Person on assignment
- ✍ Shift Schedule: What their normal schedule worked at the home unit is e.g. 0800 to 0800 or 0700 to 0700
- ✍ Date and time: Will be using information from both the CTRs and employee's normal shift schedule at the home unit.



Use colon : when entering time otherwise it won't auto calculate

- ✍ Regular (ON): Shift schedule hours
- ✍ OT (OFF): Hours worked outside of the shift schedule(except for salaried person), see CTR's
- ✍ Backfill Name: Name of person who worked (backfill) the shift schedule, for the person on assignment, at the home unit
- ✍ Backfill Hours: How many backfill hours of the shift schedule they worked for the person on assignment
- ✍ Backfill Rate of Pay: The hourly rate of the backfill person for that day
- ✍ Difference: Is automatically calculated. (It is the difference between the backfill person and person on assignments regular pay rate. If the backfill person's rate is less than the person on assignment's pay rate, then there would be no backfill overage).
 - Example of backfill charge: Backfill person's rate of pay is \$45.00 an hour and the person on assignment's regular rate of pay is \$36.00, then the overage would be \$9.00 an hour
 - Example of no backfill charge: Backfill person's rate of pay is \$35.00 an hour and the person on assignment's regular rate of pay is \$36.00
- ✍ Total Backfill Overage: Is automatically calculated (It is the difference * coverage hours)
- ✍ Total Overage: Add all total overages of all personnel and put on last line of the Personnel section of the Invoice Form.



HELPFUL HINTS ON WILDLAND CALCULATOR:

- Circle or highlight the shift schedule days on the OF-288 before starting so you can easily identify when you'll be putting the hours in the regular hourly rate column rather than the overtime column
- When filling in the times on the Work Calculator Sheet remember to start a new line at midnight
- If you have two employees who are working the same the shift schedule, fill out the first employee and then do a Save As in Excel and simply change the name of the employee and the coverage person information.
- No need to fill out if you are billing the same amount of hours that are recorded on the CTRs. It is helpful to have when there is no OF-288 and they have been on assignment for multiple days in order to see where the error happened if AZDFFM auditor comes up with a different total.

Breakdowns

- Equipment does not get paid for breakdowns, however, personnel have a guarantee pay of 8 hours a day. For example, if they worked 6 hours and the vehicle broke down they would get an additional 2 hours for their time. If they already put in 8 hours for that day, there would not be any additional time charged. The only exception is if the person's shift schedule is applicable which would be calculated as normal.

Cooperator's Billing Instructions

Rest and Recuperation (R & R) upon return of an assignment

(Volunteer/Supplemental employees do not qualify)

All of the following conditions must be met before a person can be paid R & R:

- Cooperator has a policy that allows for R & R and is filed with the State Forestry office before the beginning of the incident.
- NWCG work/rest requirements met according to the Incident Business Management Handbook (10-18, 19) Below are the highlights:
 - Been on assignment for a minimum of 14 days, not including travel days.
 - If the following 2 days upon return of an assignment are scheduled days to work. If one of these days is an employee's normal day off, there will be no additional pay for that day.

If the conditions mentioned above are met then R & R qualifies and you'll need to document the hours on the Wildland Work Calculator Sheet and include with the invoice. Backfill reimbursement also applies.

Rest and Recuperation on an Incident

If an individual(s) has been required to stay in place on an incident the qualifications for R & R listed above do not apply with the exception of the minimum 14 day condition.

Volunteers/Supplemental personnel **do qualify** for this. Reimbursement would be as follows:

- 8 hours of Regular Pay and Backfill
 - (home shift schedules do not apply in this case but backfill does)
- Meals and Lodging: Same rules apply that are in Travel Section
- Rental Car or daily equipment previously authorized

Excessive Work Hours

Work shifts exceeding 16 hours after the 1st shift of the incident will not be paid unless accompanied by a written justification on the CTR or other incident documentation completed by the incident commander or immediate incident supervisor.

Holiday Pay

If the fire department has special pay for holidays, you will need to include a copy of the department's policy separately so that we can post on the shared drive.

Cooperator's Billing Instructions

Refurbishment/Rehabilitation (Rehab)

Rehab is considered the time it takes to bring the equipment back to readiness after return from the incident and has certain limitations for the purpose of reimbursement.

The following are the maximum allowable personnel times for specific types of equipment:

- Engines (all types) = 1 hour
- Tenders (support and tactical) = 30 minutes
- Crews = 2 hours

Daily rate vehicles such as command vehicles, rental vehicles, etc. are not eligible for rehab time. Any time that exceeds the above allowable equipment requires approval by the Arizona State Forester's representative in advance and in writing to be accompanied with the invoice.



**Equipment time is not reimbursable for rehab time.
Only personnel time as outlined above.**

Crew Swaps

Equipment that has completed the assignment and has been asked to stay and crew members replaced will be reimbursed for time, travel, and appropriate vehicle costs used for the swap.

Any members of a crew or members on an engine that are swapped out previous to completion of an assignment, other than the normal 14 day assignment, will not be reimbursed for travel time and expenses unless prior approval by an Arizona State Forester's representative is obtained.

Personnel Swaps

Personnel who traded their normally scheduled shift day at the home unit with others does not change how the calculations are done on the wildland work calculator.

If you have a person who made a trade in their shift schedule at the home unit, this should not affect how you complete the wildland work calculator sheet. In other words, if the shift schedule showed wildland firefighter was supposed to work shift A and he had traded with another firefighter for working shift B for that day, you need to use the shift A calendar for purposes of filling out the wildland work calculator sheet.

Cooperator's Billing Instructions

Employee Pay Rate Schedule

This is the document that reflects the Rate per Hour that is paid to the employee including employee related expenses (ERE's) to the employee's base rate depending on the benefits your fire department provides to that person to come up with a Wildland Pay Rate. An employee will fall into one of two categories: Career Personnel or Volunteer / Supplemental Personnel according to the General Provisions NWCG Memo #004-2009.

Career Personnel:

- According to pre-existing labor contracts and pay schedules. These individuals are required to attend scheduled training, meetings, etc.
- Salaried employees

Volunteers and Supplemental Personnel:

- Overhead tied to a local fire department generally by agreement who are mobilized primarily for response to incidents/wildland fires outside of their district or mutual aid zone. **They are not a permanent part of the local fire organization and are not required to attend schedule training, meetings, etc. of the department staff.**

ADD EMPLOYEE BASE PAY AND EMPLOYEE RELATED EXPENSES AS MENTIONED BELOW TO COME UP WITH A WILDLAND BILLING RATE

Examples can be found on the Invoice Form 2017 EXAMPLE Workbook, PayRateSchedule tab.

EMPLOYEE BASE PAY

- Hourly pay rate paid to the employee
 - Any additional guaranteed pay that is part of their base pay such as stipends can be used in the calculation
- Salaried employees need to be converted to an hourly pay rate to arrive at a base pay
- Volunteer/Supplemental employees are according to Arizona State Forester's Emergency Pay Plan for Seasonal Hires for the position they were ordered.
 - You can add the applicable employee related expenses listed below

Cooperator's Billing Instructions

EMPLOYEE RELATED EXPENSES

- Workers Compensation: Use the percentage given on the worker's comp form including the experience E mode rate.
(See glossary for more information)
- Unemployment Insurance: Based on the first \$7000 of annual gross pay (can use percentage)
- FICA Taxes
 - Medicare (currently at 1.45%)
 - Social Security (currently at 6.2%)*This doesn't apply to all fire departments and/or all employees
- ****Employee Insurance (e.g. health, dental, vision)**
 - Calculate monthly cost of insurance and multiple by 12 months and divide by the # of annual regular hours worked in a year to come up with an insurance hourly rate.
 - Office workers typically work 2080 hours in a year, Firefighters typically work 2912 hours in a year. This will depend on the person and the fire department.
- Retirement: Usually a percentage
- ****Long Term Disability**
 - Same calculation as the Insurance's mentioned above
- Any additional expenses, other than the ones listed, will require approval by AZDFFM.

NOTE: ON OVERTIME PAY AND HOURS OUTSIDE OF NORMAL SHIFT SCHEDULE

Not all ERE's are included in this rate. Only those categories that increase the costs to the employer are added in. For example the EREs in red above are health insurance, long-term disability costs are based on employee's base pay and do not increase because an employee works overtime and ****should not be included in the overtime rate**. This also applies to salaried employees.



The ERE's are costs the fire department incurs and does not include the employee's deduction out of their paycheck.



HELPFUL HINTS:

- Provide the Pay Rate Schedule in Excel format so that we can easily identify how you are arriving at the Wildland Regular and Overtime Rates
- Label the columns so that anyone looking at the spreadsheet knows what the ERE is. For example: Health Insurance, not BCBS (Blue Cross Blue Shield)

Cooperator's Billing Instructions

ADMINISTRATIVE FEES

Reasonable administrative costs incurred preparing invoices can be reimbursed. There is no additional reimbursement time for revisions or corrections.

- Time it takes to prepare invoice only. Use the employee's regular hourly pay rate (inclusive of EREs). The time spent by wildland person to fill out their paperwork (Shift Tickets, CTRs, Travel Receipts, etc.) is not considered invoice preparation time.
- Contractors fee to prepare invoice is acceptable (e.g. accountant or CPA)

Report this in the Personnel Section of the invoice detailing the hours and regular rate of pay.


SUPPLIES, TRAVEL AND MISCELLANEOUS SECTION


Typical items reported in this section are:


- Travel Expenses (meals and lodging) – See Meals & Lodging Claim Form
- Rental Vehicles and Fuel Receipts
- Airline Tickets, Baggage Claims, Travel to Airport & Parking
- Supply Purchases
- Damage Claims


 Request Number #:

- If required, this will be an S#. Be sure to include a copy of the resource order with the invoice
- If not required, no number is necessary here. For example you don't need a request number when you are in travel status for an out of state assignment

 Item: When attaching a travel form you would put "Meals and Lodging" as the item description. Another example: Rental Car and Fuel and then put the total amount of the expense in the Total Amount column

 Quantity: use only if applicable

 Rate Per Unit: use only if applicable

 Total Amount: Put total amount of that particular expense or total of the travel form

Cooperator's Billing Instructions

Travel Expenses

*AZDFFM is governed by State Policy (Topic 50, Section 65 on Vendor and other Non-employee Travel). Stated meal and reimbursement for maximum reimbursement are for **actual costs incurred** and are not per-diem rates (Topic 50, Section 25 Meals and Incidentals). Report detail on the Meals & Lodging Claim Form.*

All allowances are based on a per person basis

Maximum allowances for meals and lodging can be found at:

<https://gao.az.gov/travel/welcome-gao-travel>

- Current Arizona State Rates---Lodging and Meal Index or
- Former Arizona State Rates---Lodging and Meal Index

Meals: *Meal receipts do not need to be submitted with invoice but kept on file by Cooperator and produced for audit as requested by AZDFFM.*

Within the State of Arizona:

- No reimbursement for the 1st 12 hours of deployment
- After 12 hours and incident is not providing meals
 - Subject to State of Arizona Accounting Manual Topic Travel 50, Section 65

Out of State: Does not have the 1ST 12 hour restriction

- Reimbursement for actual cost or state allowed maximum rate per person whichever is less

The following conditions apply to both in state and out of state:

- Gratuity must not exceed 20% of the total cost of the meal plus taxes for sit-down meals. There should be no gratuity buffet, fast food, or carry-out.
- Reimbursed for actual cost or the state allowed maximum rate per person whichever is less.
- If multiple crew members are on the same receipt, maximum allowable \$ multiplied by the number of crew members or actual costs, whichever is less.
- Meals are taken outside of a 50 mile radius of the individual's place of residence or home unit.

New Travel Policy effective May 1, 2017: See DFFM's website for detail & examples.

- Travels days of departure and return involving an overnight stay = 75% of the full-day meal rates. The departure ruling of being self-sufficient for the 1st 12 hour restriction for in state fires still apply.
- If any meals were provided, reduce the amount of the specific meal allowance located in the [Arizona State Rates—Lodging and Meal Index](#) document. As of 10/1/16 the specific meal allowance can be found on Page 4 of 29.

Cooperator's Billing Instructions

Lodging: *Lodging receipts needs to be signed by occupant(s) and submitted with travel claim. Reimbursement is for actual lodging expense, not the maximum, and any overage over the allowable maximums shall not be reimbursed. These rates are for room rate and any applicable taxes are not considered part of the allowance.*

Within the State of Arizona:

- There is no requirement while person(s) are in travel status to and from the incident. However, once they arrive at the incident they expectation is that a place to camp will be provided. There can be instances when lodging will be needed and then the requirement is that a Resource S# be provided with the invoice or permission in writing from a State Representative be included with invoice.

Out of State:

- When in travel status no authorization is required. Once at the assignment and a place to camp is not provided a written documentation by the person(s) on assignment should be included with the invoice.

The following conditions apply to both in-state and out-of-state:

- Additional fees such as safe boxes, movies, etc. are not reimbursable

How to look up the maximum allowances for lodging and meals:

<https://gao.az.gov/travel/welcome-gao-travel>

1. Make sure you have the correct date of when the rates took effect (will either be Current or Former State Rates)
2. Look in the Location column first and if you don't see the city listed then you'll need to find the county in which the city is listed. County search website: <http://explorer.naco.org/#>

Towards the top click Counties, City-County Search. You'll see a search box appear in the upper right hand side and enter the zip code from the lodging receipt and hit Enter. This should give you the county.

If County is listed look at columns Begin and End dates to see which rates will apply to the time when the lodging occurred?

Or you can use an app that will give you the county, such as Per Diem for Continental U.S.(Federal)

4. If neither City nor County is listed defer to the default rate listed at the top of the table.

Cooperator's Billing Instructions

- Exceeded lodging allowance? Need to calculate the % of tax rate first by dividing total tax by room rate. Then multiply tax rate by the maximum allowance and add the tax percentage for total reimbursement.
 - Recommend: Hand write calculations on lodging receipt itself so it can be verified.



Helpful Hints for Travel:



- **Lodging allowances listed do not include tax but Meal allowances are inclusive of tax and tip**
- **Meal allowances: If Meal Exception Letter has been issued and not expired you can use these rates without having to go to the website. The current letter can be found on the Invoice Form 2017 Workbook "Meal Exception" tab.**

Rental Vehicles

*Needs to be documented on Resource Order as authorized (Typically on Overhead Resource Orders in Box 12 under Travel Mode). Sometimes a separate Equipment Resource Order is also issued. Detailed receipt and gas receipts to be included with invoice. **Any insurance purchased other than CDW for out of state assignments are at the Cooperator's expense.** Extra's such as GPS, Satellite Radio fees are not reimbursable.*

Within the State of Arizona: Any additional insurance purchased, including CDW, will be at the Cooperators expense and not reimbursed.

Out of State: The only additional insurance purchased that will be reimbursed is the Collision Damage Waiver (CDW).

-  Total cost of rental car plus applicable taxes-attach receipts
-  Fuel purchased for rental car-attach receipts



Helpful Hints to be given to employees who rent vehicles to go to incidents:

- If taking vehicle off road be sure that is documented on agreement at rental counter. Normally off-road activity is not covered.
- **OPTION:** Utilizing the State of Arizona's Rental Vehicle Master Agreement with Enterprise. This will get you damage waiver coverage for no additional charges but will not cover off road. Website: www.enterprise.com, Account Number = XZ50755, Agency Code: Put in Fire Department's Name, Station Pin # STA, Billing #16832909
 - Need Enterprise assistance: Dave Burr 480-893-4664
 - Arizona Dept. of Administration: Lori Noyes 602-542-7144

Cooperator's Billing Instructions

TRAVEL TO AIRPORT, PARKING, AIRLINE TICKETS, AND BAGGAGE CLAIMS

Travel to Airport

- Agency vehicle: only mileage and long-term parking will be reimbursed, daily rates or hourly rates do not apply.
- **Personal Operated Vehicle (POV): only mileage at the current state mileage rate and reasonable cost of parking will be reimbursed.**
 - **NOTE: This is the only exception for use of a POV that is not on the CFRA & must carry the state's minimum insurance.**

Parking

- See State of Arizona's Topic 50, Section 95, Title 3 Airport Parking for maximum allowances
- Include receipt with invoice subject to allowances stated in above document.

Airline Tickets & Baggage Claims

Include receipt(s) with invoice

Supply Purchases

Subject to state review

- Itemized receipts
- Supply Resource Order

Cooperator's Billing Instructions

SUBMITTAL FOR PAYMENT

Invoices should be submitted within 30 days from the end of the assignment. If an invoice is received after 90 days it is subject to refusal and will require approval of DFFM's District Manager.



Only one email and one attachment per incident.

Exception: Size of the attachment file is greater than 4 MG.

If this is the case, you'll need to send 2 emails with the smaller attachments and label it 1 of 2 and 2 of 2 or something similar:

Minimum:

- Signed** State Invoice Form FM122
 - Signed by an authorized representative
- Emergency Equipment Shift Tickets (OF-297) **or**
 - OF-286 if supplied by incident
- Crew Time Reports (SF-261) **or**
 - OF-288s if supplied by incident
- Resource Order

Additional Paperwork depending on assignment:

- Wildland Work Calculator & Backfill
- Employee Pay Rate Schedule (only if there was a change in rates or new employees were added after the initial submittal)
- Travel Claim Form
 - Signed Lodging Receipts
 - Do NOT need meal receipts
- Airline Tickets, Baggage Claims, Parking Fees Receipts
- Rental Cars, Fuel Receipts
- Supply Receipts and associated Resource Orders
- Damage Claims : see instructions in this document

SCAN: All original paperwork (see list above) into a PDF format

EMAIL to: financialadmin@dffm.az.gov.

- Attach PDF file**
- Subject line: 3 LETTER ID- INCIDENT NAME-FIRE DEPT INVOICE #**
 - (This information comes off the Invoice Form FM-122 – see highlighted boxes)
- Any special instructions or comments in body of email**

Cooperator's Billing Instructions

GLOSSARY

Backfill Person: The individual who works the shift schedule at the fire station's home unit in place of the normally scheduled person who went on the wildland assignment / incident.

Career Personnel: Employees that work full-time for the fire department. It also includes part-time employees who may fill-in for full-time personnel. Reservists who also work at the fire station with a pre-determined rate also fall into this category. Rates used are according to pre-existing labor contracts and pay schedules.

Dry: Equipment work rates does not include fuel.

Home Unit: Cooperators normal fire station; place they work out of. For personnel who do not have a normal place they are stationed, then use the cooperator's station located closest to their place of residence.

Hourly Units: Time is reimbursed to the nearest quarter of an hour and should be converted to a decimal in order for the math to calculate correctly. 15 minutes = .25 30 minutes = .50 hour and 45 minutes = .75 hour

For example: 2 hours and 15 minutes = 2.25 hour worked

Operational Period: The period of time scheduled for execution of a given set of tactical actions as specified in the Incident Action Plan. Operational periods can be of various lengths, although usually not over 24 hours.

Ordered Standby: An employee is on duty and time spent on standby duty is hours of work if, for work-related reasons, the employee is restricted by official order to a designation post of duty and is assigned to be in a state of readiness to perform work with limitations on the employee's activities so substantial the employee cannot use the time effectively for his or her own purposes. A finding that an employee's activities are substantially limited may not be based on the fact that an employee is subject to restrictions necessary to ensure that the employee will be able to perform his or her duties and responsibilities, such as restrictions on alcohol consumption or use of certain medications.

Resource Order/Request number: As resources are ordered to respond to an incident, Resource Order numbers (also referred to as request number) are issued. The order number includes the incident number, an alpha character (S = Supplies, E = Equipment, O = Overhead, A = Aircraft, C = Crews) followed by a sequential number (e.g., AZ-A1S-000020, E-3).

Shifts: Includes actual work, ordered standby and compensable travel. It has a specific start and ending time. A normal shift could be up to 16 hours long and cross calendar days.

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Volunteer and Supplemental Personnel: Overhead tied to a local fire department generally by agreement who are mobilized primarily for response to incidents/wildland fires outside of their district or mutual aid zone. They are not a permanent part of the local fire organization and are not required to attend schedule training, meetings, etc. of the department staff (reference NWCG Memo 004-2009 Attachment A). Rates are according to the Emergency Pay Plan for Seasonal Hires for the position in which they were ordered.

Wet: Equipment work rates are based on all operating supplies being furnished by Cooperator. If fuel is taken from a fuel tender at an incident, this should be deducted from the invoice.

Workers Comp Modification Factor: A modification factor is a factor applied to the policy premium for a risk to reflect variation from the experience of the average risk of a similar type. From the risk's own past experience, the experience modification rate is determined by comparing actual losses to expected losses. This comparison of future losses results in a premium reduction (credit) or a premium increase (debit). For example, a modification of .85 results in a 15% credit or savings to the risk, while a modification of 1.10 produces a 10% debit or additional charge to the risk. In some cases, no change results and a modification of 1.00 (unity) is applied.

Cooperator's Billing Instructions

ACRONYMS

AIDC: Arizona Interagency Dispatch Center

AFCA: Arizona Fire Chief's Association

AFMO: Assistant Fire Management Officer

AOV: Agency Owned Vehicle

AZDFFM: Arizona Department of Forestry and Fire Management

C#: Crew Resource Order Number

CDW: Collision Damage Waiver

CFRA: Cooperative Fire Rate Agreement

CTR: Crew Time Reports

DFFM: Department of Forestry and Fire Management

E#: Equipment Resource Order Number

ERE'S: Employee Related Expenses

FMO: Fire Management Officer

IIBMH: Interagency Incident Business Management Handbook (Also commonly referred to as the Yellow Book)

NWCG: National Wildland Coordinating Group

O#: Overhead Resource Order Number

POV: Personal Operated Vehicle

R & R: Rest and Relaxation. Also known as Work/Rest guidelines in NWCG IIBMH

ROSS: Resource Ordering and Status System

S#: Supply Resource Order Number

SF: Standard Form

Cooperator's Billing Instructions

EXHIBITS:

The following documents can be found on our website:

[https://dffm.az.gov/fire/cooperators under INVOICE FORM FM122 2017](https://dffm.az.gov/fire/cooperators_under_INVOICE_FORM_FM122_2017) (see individual tabs at bottom on document)

FM-122 = Invoice Form

Wildland Work Calculator and Backfill

Travel Claim Form

Summary of Emergency Equipment Shift Tickets (EEST)

Employee Pay Rate Schedules

Submittal for Payment Checklist

Meal Exception Letter

Need Help (contact information)

3 Letter Identifiers

General Provisions

Documents referred to in the General Provisions:

Arizona State Forester's Emergency Pay Plan for Seasonal Hires

ICS 213= General Message

OF-286 = Emergency Equipment – Use Invoice

OF-288 = Emergency Firefighter Time Report

OF-297 = Emergency Equipment Shift Ticket

SF-261 = Crew Time Report

NWCG'S R &R Policy

NWCG Memo 004-2009 Attachment A

Military Time

State of Arizona Topic 50, Section 65 on Vendor and other Non-employee Travel)

Topic 50, Section 95, Title 3 Airport Parking

Topic 50, Section 25, Meals and Incidentals

WEBSITES AND EMAILS:

Arizona Department of Forestry and Fire Management: <http://dffm.az.gov>

Resource Orders: aidclogistics@dffm.az.gov

Invoice Form: financialadmin@dffm.az.gov

Travel Allowances: <http://gao.az.gov/travel/welcome-gao-travel>

County search website: <http://explorer.naco.org/#>

Yellow Book Download: [http://www.nwcg.gov/publications PMS#902](http://www.nwcg.gov/publications/PMS#902)

Cooperator's Payment Issued: <http://venpay.gao.azdoa.gov/> Put in EIN#, then agency=FOA

Direct Deposit: <http://gao.az.gov/afis/vendor-information>

Cooperator's Billing Instructions

FORMS CAN BE PURCHASED THROUGH NWCG:

213 General Message (NFES #001336)

OF-297 Emergency Equipment Shift Tickets (NFES #000872)

SF-261 Crew Time Report (NFES#000891)

Support and Services:

If you have any questions or concerns about this material, please feel free to email or phone
Deb Brookhart, Program Compliance Specialist

dbrookhart@dffm.az.gov

(520) 628-5488

Shannon Kelly, Fiscal Services Unit Supervisor

skelly@dffm.az.gov

(928) 637-0540

Fire Department Change of Address:

<https://gao.az.gov/afis/vendor-information>



Helpful documents for Wildland Personnel:

Wildland Finance Return Paperwork Checklist on the following page: Print onto an envelope and give to personnel assigned to fires to put their paperwork and receipts in. This then gets turned into fire department's billing person to expedite process. You could include a copy of the CFRA and Travel Policy and Travel Claim Form for them as well.

Wildland Finance Return Papers Checklist

Fire Name: _____

Incident Number: _____ P Code _____

Request Number: _____ Crew Supervisor: _____

- OF 288 Emergency Firefighter Time Reports and**
 - SF 261 Crew Time Reports, original white copy**
- OF 286 Emergency Equipment – Use Invoice and**
 - OF 297 Emergency Equipment Shift Tickets, original pink**
- Resource Order(s)**

- Fuel Receipts (from fuel tender on incident, no credit card was used)**

- Travel Claim (for incidents out of Arizona)**
 - Meal Receipts**
 - Lodging Receipts – signed by all occupants**

- Rental Vehicle (additional insurances purchased are not reimbursable – exception is for Collision Damage Waiver (CDW) outside of Arizona)**
 - Detailed invoice**
 - Fuel receipts**
- Airline and Baggage Receipts**

- Damaged vehicles/Breakdowns**
 - Documentation on details, including dates and times**
 - If damage was caused at incident (not travel from home to incident and back)**
 - Comp Claims Documentation if on team assignment**
 - Resource Order hard copy, not just the S #**
 - Receipts for replacement or repair**
 - Pictures of damage**

Special Notes: _____