

Arizona Department of Forestry & Fire Management Cooperator's Invoicing Instructions



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Items in red are changes occurred for 2022 invoicing

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: print names of occupants of shared rooms
- ✓ Meal Receipts
- ✓ Resource Order documentation for assignments in Arizona 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
- ✓ Receipts
- ✓ Signed by Incident Business Advisory (IBA)
- ✓ Resource Order (S#)

Reference Material

- ✓ Cooperative Fire Rate Agreement and Amendments
- ✓ **Annual Operating Plan (AOP) for Cooperative Fire Rate Agreement**
- ✓ Employee Pay Rate Schedule
- ✓ Employee Shift Schedule
- ✓ Invoice Form 2020 Workbook

Fire Department Internal

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

Cooperator's Invoicing Instructions

STATE FORM FM 122 INVOICE FORMAT

This form and examples can be found on our [website: https://dffm.az.gov/fire/cooperators_and_fire_business](https://dffm.az.gov/fire/cooperators_and_fire_business), Invoice Form 2022 Workbook and Invoice Form 2022 Workbook Examples

The invoice is broken down into 3 sections not including the header information: Equipment, Personnel, and Supplies, Travel and Miscellaneous. Invoice FM 122 has popup comments indicated by the red triangle(s) (◀) to assist you of providing the required information needed in the FM122 invoice.

Fire incident(s) with a different P' number will need to be on a separate invoice.

STATE FORM FM 122 INVOICE FORMAT COOPERATOR BILLING TO THE ARIZONA DEPT. OF FORESTRY & FIRE MANAGEMENT						
Name:					INVOICE DATE	
Address:						
Phone:					FIRE DEPT INVOICE #	
Email:						
INCIDENT NAME			INCIDENT NUMBER		INCIDENT DATE	
P' CODE			3 LETTER ID		REASSIGNMENT 'FROM/TO'	
RESPONDED DATE/TIME			RELEASED DATE/TIME		BACK IN SERVICE DATE/TIME	
EQUIPMENT <i>(MUST ATTACH EQUIPMENT SHIFT TICKETS SIGNED BY SUPERVISOR OR SIGNED OF-286)</i>						
REQUEST NUMBER #	LICENSE NUMBER	UNIT # (OR NAME)	VEHICLE TYPE	UNIT WORKED HRS/DAY/MI	RATE PER UNIT	TOTAL AMOUNT
						\$0.00
						\$0.00
						\$0.00
						\$0.00
SUB-TOTAL EQUIPMENT						\$0.00
PERSONNEL <i>(MUST ATTACH CREW TIME REPORTS SIGNED BY INCIDENT COMMANDER or IMMEDIATE SUPERVISOR OR SIGNED OF-288)</i>						
REQUEST NUMBER #	PERSONNEL NAME	PERSONNEL TYPE	HOURS WORKED	RATE PER HOUR	TOTAL AMOUNT	
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
N/A	TOTAL BACKFILL CHARGES		0			\$0.00
SUB-TOTAL PERSONNEL						\$0.00
SUPPLIES, TRAVEL, AND MISCELLANEOUS <i>(MUST ATTACH TRAVEL CLAIM FORM FOR MEALS (NOT MEAL RECEIPTS) AND SIGNED LODGING RECEIPTS)</i>						
REQUEST NUMBER #	ITEM	QUANTITY	RATE PER UNIT	TOTAL AMOUNT		
	TOTAL MEALS & LODGING					\$0.00
SUB-TOTAL SUPPLIES & MISCELLANEOUS						\$0.00
GRAND TOTAL						\$0.00
AUTHORIZED SIGNATURE & TITLE _____				DATE SIGNED _____		
<i>(Sign, scan entire package into a PDF file and email to financialadmin@dffm.az.gov. Keep originals for your records in case of audit)</i>						
<i>For DFFM Office Use Only</i>						
Doc#	Approved by	Warrant #/Date				

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HEADER INFORMATION

- ✎ Fire Department's name, payment address, name of person to contact along with email or phone number regarding invoice questions
- ✎ 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"
 - Four or Six digit number (typically starts with the letter P; but, can be an S, W, etc.)
 - When on multiple incident assignments with different P' code numbers; then, the assignments must be invoice separately. If the P' codes are the same; then, no need for separate invoices
- ✎ 3 Letter ID
 - You can find your fire department's ID on our website or Invoice Form Workbook under 3 letter ID tab
- ✎ Reassignment From/To: Enter the incident name 'From, To, or Both' of multiple reassignments
 - If they were on multiple reassignments, 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, if possible.
- ✎ Responded Date/Time:
 - 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 Date/Time:
 - This is the time when the personnel left the incident to a reassignment or back to home unit
- ✎ Back In Service Date/Time:
 - This is the time when the personnel arrived to an reassignment or back to home unit

EQUIPMENT SECTION

Add up all time or days for each piece of equipment from the Emergency Equipment Shift Tickets (EEST/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 but does apply to All-Inclusive rates)**.
 - 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 than it would be considered a full day. On the last day, the calculation would start from midnight to when arrival back at home unit and as long as it is 8 hours or greater than it would be considered a full day.
 - **All-Inclusive rates used by a department that has outsourced staff from another department/district to make payment arrangements with the department that requested the staff. The outsourced department should not bill DFFM.**
 - **Cooperator must note the personnel and department name on the invoice.**
- POV's that are included on the CFRA will only be entitled for reimbursement for daily rate if it was utilized for line assignments or travel days
- ✎ Signature on EEST: Should be signed by Supervisor on fire and not the persons listed on the EEST. If there is no supervisor, then it is acceptable to be signed by the Fire Department's Chief **or person appointed by their department.**
- ✎ 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 Ticket 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)

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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. See General Provisions Medical equipment and Resources for details.



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. 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
- 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 2021 Workbook, EEST tab, to include with the invoice
- Any written changes on the OF-286 form; then, provide the specific shift tickets.
- Starting and Ending time should match with the CTR(s). If there is any time discrepancy that has a reason; then note it in the remarks section of the shift ticket **such as briefings, repairs, damages, etc.**

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, Logistics Chief or designee, and Incident Business Advisor.
- 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 Invoicing 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 will 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 order
- ✎ 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 to the actual hours worked on Crew Time Reports or OF-288s 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.
 - **Employees shall not receive any wildland incentive for response out of district; thus, employee rates shall not differ from the pay rate the employee receives in district for similar emergency services and responses.**



If there were changes to Pay Rate Schedule, include a copy of the Pay Rate Schedule with the invoice and email the excel schedule (No PDF) to the FinancialAdmin address. Be sure you are picking up the correct pay rate for the time 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 Invoicing Instructions

Crew Time Reports

Meal Breaks: Verify that meal breaks have been taken for anything over 8 hours in an operational shift 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: Should be sign 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 person appointed by their department.**

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

State of Arizona Standard Staffing

Reimbursement for the minimum staffing levels are as follows:

<u>Type of Equipment</u>	<u>In-State</u>	<u>Out of State</u>
○ Type 1 Engine	3-4	4
○ Type 2 Engine	3-4	4-5
○ Type 3 Engine	3-5	4-5
○ Type 4, 5, & 7 Engines	3-4	3-4
○ Type 6 Engine	*2, 3-4	3-4
○ Type 7 Engine	2-3	3
○ Type 1, 2, & 3 Support Tenders	1-2	1-2
○ Type 1 & 2 Tactical Tenders	2	2

* Staffing only allowable for Smoke Check dispatched by AIDC

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 station (previously arranged swapped schedules do not apply)
- 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.
- Starting and Ending time should match with the EEST(s). If there is a time discrepancy that has a reason, then note it in the remarks section of the CTR or EEST

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 and paid at 1.5, e.g.: Worked 48 hours in 4 days would be 40 hours regular & 8 hours OT
- Holiday Hours: No special pay for holidays.

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Wildland Work Hours Calculator and Backfill Form

This filled out form 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 filling out for **Supplement/Seasonal** 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 2021 EXAMPLE Workbook, tab labeled Work Hour Calculator

- ✎ 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: e.g. 0800 to 0800 or 0700 to 0700 and their shift type: e.g. 24 hour or 48 hour shifts
- ✎ Regular Hourly Rate: Employee's Regular Wildland Pay Rate
- ✎ 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) from 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 wildland hourly rate of the backfill person for that day. Backfill Rate of Pay will be capped at the top range of the assigned resource classification.
Total Backfill Overage: 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).
Total Overage: Add all total overages of all personnel and put on last line of the Personnel section of the FM 122 Invoice Form.

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EXAMPLES OF BACKFILL CHARGES (reference Pay Rate Schedule on page 15)

Example of backfill overage: Backfill person (Bob Moreno) rate of pay is \$43.23 an hour and the person on assignment (Jane White) regular rate of pay is \$24.85. Overage would be \$18.38 @ hour (43.23-24.85=18.38)

Example of no backfill: Backfill person (Jose Ortiz) rate of pay is \$20.30 an hour and the person on assignment (John Brown) regular rate of pay is \$24.76. (20.30-24.76 = -4.46) There is no overage in this example and is a cost savings to the department.

Example of top range classification exceeded: Backfill person (Steve Stanley) rate of pay is \$57.14 and the person on assignment (Jane White) Rate of Pay = \$24.85. Top range of pay for BC OT=\$41.46. Because the backfill person's rate of pay of \$57.14 is higher than the top range for BC of \$41.46 you would use the top range of pay for BC. Backfill overage would be the difference between the regular rate of \$24.85 minus (-) OT rate \$41.46 = \$16.61 @ hour.

Example Wildland Work Hours Calculator

USE COLON (:) WHEN ENTERING TIME OR IT WON'T CALCULATE CORRECTLY											
MOVE THE HOURS IN COLUMN D TO THE APPROPRIATE COLUMN AS EITHER REG (ON) = ON SHIFT HOURS OR OT(OFF) OFF SHIFT											
WILDLAND WORK HOURS CALCULATOR											
Incident Name/P Code:		BIG BEAR			PNJ804		SHIFT SCHEDULE: 8 TO 8/24HR SHIFT				
Employee Name & Job Title		JANE WHITE / BC			REG HOURLY RATE		24.85				
DATE	TIME Enter colon (:)		HOURS	REG (ON)	OT (OFF)	REMARKS, TVL, R&R, Rehab, etc	BACKFILL NAME & JOB TITLE	BACKFILL HRS	RATE OF PAY	DIFFERENCE	TOTAL OVERAGE
1/16/2022	15:00	0:00	9.00	9.00		TVL ENDED 2000	Bob Moreno/BC	6.00	43.23	18.38	110.28
1/17/2022	0:00	8:00	8.00	8.00			Bob Moreno/BC	8.00	43.23	18.38	147.04
	8:00	11:30	3.50		3.50					0.00	0.00
	12:00	22:00	10.00		10.00					0.00	0.00
1/18/2022	6:00	8:00	2.00		2.00					0.00	0.00
	8:00	0:00	16.00	16.00		TVL started 1400	Steve Stanley/CHIEF	24.00	41.46	16.61	398.64
1/19/2022	0:00	8:00	8.00	8.00			Exempt Reg rate \$57.14			0.00	0.00
	8:00	11:00	3.00		3.00	TVL ended 1100				0.00	0.00
	11:00	12:00	1.00		1.00	Rehab ended 1200				0.00	0.00
TOTALS			60.50	41.00	19.50			38.00	GRAND TOTAL		655.96

Example Personnel section from the State Form FM 122 Invoice

PERSONNEL						
(MUST ATTACH CREW TIME REPORTS SIGNED BY INCIDENT COMMANDER or IMMEDIATE SUPERVISOR OR SIGNED OF-288)						
REQUEST NUMBER #	PERSONNEL NAME	PERSONNEL TYPE	HOURS WORKED	RATE PER HOUR	TOTAL	AMOUNT
E-3	JANE WHITE	ENGB (REG)	41	\$24.85		\$1,018.85
		(OT)	19.5	\$36.92		\$719.94
	JOHN BROWN	FFT1 (REG)	0	\$24.76		\$0.00
		(OT)	44.5	\$36.78		\$1,636.71
	RON DONNER	FFT2 (REG)	40	\$15.34		\$613.60
		OT	4.5	\$23.00		\$103.50
N/A	Barbara Bank	ADMIN	1	\$26.17		\$26.17
N/A	TOTAL BACKFILL CHARGES		1	\$655.96		\$655.96
SUB-TOTAL PERSONNEL						\$4,774.73



HELPFUL HINTS ON WILDLAND WORK HOURS 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 or more employees who are working the same 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.
- Any written changes on the OF-288 form, then, provide specific CTR(s) for those changes
- If assigned to another Cooperators engine - Write the Fire Department name in the equipment section of the invoice

Breakdowns

- At the Incident: 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. Unless; personnel have found other means of work, e.g.; another engine, transport to the fire line, etc.; then, they would be paid the normal regular work hours and any OT.
- Remarks will need to be written on the CTR/EEST of when and how long the equipment was broke down

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

(Volunteer/Supplemental employees do not qualify)

All of the following conditions would need to be met before a person can be paid R & R:

- Cooperator has a policy that allows for R & R 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, excluding 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.
 - **Assignment-Workday Definition: Is defined as the time period (days) between the first full operational period at the first incident or reporting location on the original resource order and commencement of return travel to the home unit. To determine the first operational period, if an employee has more work hours in a shift than travel hours. This would be the first workday for that employee.**

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.

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

- 8 hours of Regular Pay and Backfill unless their home shift schedules apply, then use home shift schedule for purposes of calculation
- Meals and Lodging: Same rules apply that are in Travel Section
- Rental Car or daily equipment previously authorized
- Hourly rate equipment is not reimbursable

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. All excessive hours must be mitigated as soon as possible using the 2:1 work to rest ratio is every 2 hours of work equals 1 hour of rest and note remarks on CTR of how long the rest time would be and when taken.

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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.

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:

- Hourly Equipment: Engines (all types), Water Tenders, Ambulances = 1 hour per person
- Hand Crew = 2 hours per person

Daily rate vehicles such as command vehicles, ALS/BLS Kits, 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 AZDFFM representative is obtained or resource order.

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 hours 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.

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Appendix D: Personnel 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 *Annual Operating Plan* 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 who normally don't receive overtime compensation would not get overtime for wildland fires. However, if their contract allows for overtime, then, provide a copy of the agreement to us for our records

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.

Total employee base pay and employee related expenses (these are expenses paid by the fire department on behalf of the employee, not the deductions out of the employee's pay check) as mentioned below, to come up with a wildland billing rate

EMPLOYEE BASE PAY

- Salary paid to the employee
- Any additional guaranteed pay that is part of their base pay such as stipends can be used in the calculation
- Volunteer/Supplemental employees are according to AZDFFM's **Supplemental Fire Department Resources Position Matrix** Pay Plan for the position they were ordered.
- You can add the applicable employee related expenses listed below

EMPLOYEE RELATED EXPENSES

- Medicare % (currently at 1.45%)
- Social Security % (currently at 6.2%) - if paid by employer (not all fire departments pay into this)
- Workers Compensation: Use the percentage given on the worker's comp form including the experience E mode rate. (See glossary for more information)
- Retirement %
- Unemployment Insurance: Based on the first \$7000 of annual gross pay (Enter **annual dollar** amount for both State and Federal)

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Long Term Disability: Enter **annual dollar amount

- **NOTE: ON OVERTIME PAY AND HOURS OUTSIDE OF NORMAL SHIFT SCHEDULE**
 - Long Term Disability and Unemployment Insurance should not be included in the Wildland Overtime Rate/Benefits
- Any additional ERE's, other than the ones listed, will require approval by AZDFFM
- Health insurance, dental and vision are not used in the calculations
- Annual Hours – Regular hours a person works in a year (applies to full-time personnel)

EXAMPLE OF PAY RATE SCHEDULE

Arizona Department of Forestry & Fire Management													
Annual Operating Plan (AOP) Appendix - D Personnel Pay Rate/Benefits Schedule													
FIRE DEPARTMENT NAME:			Smokey Bear FD							EFFECTIVE DATE:		1/1/2022	
PERSONNEL NAME	RANK	EXEMPT	ANNUAL SALARY	MEDI-CARE %	SOCIAL SECURITY %	WORKER COMP %	RETIRE-MENT %	UNEMPLOY INSURANCE \$	DISA-BILITY \$	ANNUAL HOURS	REGULAR RATE W/O EREs	WILDLAND PAY RATE /BENEFITS	WILDLAND OT RATE/ BENEFITS
Jose Ortiz	Engineer		45,000.00	1.45%		4.78%	23.60%	\$200.00	500.00	2912	\$15.45	\$20.30	\$30.09
John Brown	Captain		55,000.00	1.45%		4.78%	23.60%	\$200.00	500.00	2912	\$18.89	\$24.76	\$36.78
Steve Stanley	Chief	Yes	91,000.00	1.45%		4.78%	23.60%	\$200.00	500.00	2080	\$43.75	\$57.14	***
Jane White	BC		60,000.00	1.45%		3.00%	15.00%	\$200.00	500.00	2912	\$20.60	\$24.85	\$36.92
Bob Moreno	BC		59,000.00	1.45%		4.78%	36.00%	\$200.00	500.00	2912	\$20.26	\$29.06	\$43.23
Barbara Bank	Admin		43,000.00	1.45%	6.20%	3.00%	15.00%	\$200.00	200.00	2080	\$20.67	\$26.17	**

*** NOTE: Salaried employees (Exempt) who normally don't receive overtime compensation would not get overtime for wildland fires.
 However, if their contract allows for overtime, then, please email a copy of the agreement to us for our records at the Financialadmin@dffm.az.gov
 ** Reimbursable administrative fees for compiling the invoice for reimbursement is billable at regular rate only, not overtime rates.

Top Rank Backfill Rates													
RANK POSITIONS	EXEMPT	ANNUAL SALARY	MEDI-CARE %	SOCIAL SECURITY %	WORKER COMP %	RETIRE-MENT %	UNEMPLOY INSURANCE \$	DISA-BILITY \$	ANNUAL HOURS	REGULAR RATE W/O EREs	WILDLAND PAY RATE /BENEFITS	WILDLAND OT RATE/ BENEFITS	
Firefighter		42,500.00	1.45%		4.78%	23.60%	\$200.00	500.00	2912	\$14.59	\$19.19	\$28.42	
Engineer		65,000.00	1.45%		4.78%	23.60%	\$200.00	500.00	2912	\$22.32	\$29.22	\$43.47	
Captain		75,000.00	1.45%		4.78%	23.60%	\$200.00	500.00	2912	\$25.76	\$33.68	\$50.16	
Battalion Chief		62,000.00	1.45%		4.78%	23.60%	\$200.00	500.00	2912	\$21.29	\$27.88	\$41.46	
Chief	Yes	91,250.00	1.45%		4.78%	23.60%	\$200.00	500.00	2080	\$43.87	\$57.29	**	

SEASONAL/VOLUNTEER PERSONNEL NAME	RANK	HOURLY RATE	MEDI-CARE %	SOCIAL SECURITY %	WORKER COMP %	RETIRE-MENT %	UNEMPLOY INSURANCE \$	DISA-BILITY \$	Volunteer AD Class	WILDLAND PAY RATE /BENEFITS	WILDLAND OT RATE/ BENEFITS
Ron Donner	Volunteer	13.64	1.45%	6.20%	4.78%				FFT2-C	\$15.34	\$23.00
Paul Lars	Part-time	12.11	1.45%	6.20%	4.78%	10.00%				\$14.83	\$22.24
Sue Sweet	Reserve	10.00	1.45%	6.20%	4.78%	10.00%				\$12.24	\$18.36

For Volunteers Only: Hourly Rate is based upon position at incident-Reference Seasonal Employee Pay Plan (<https://dffm.az.gov/fire/cooperators>). Does not apply to Reserves or Part-time Employees.

Supplemental= seasonal, volunteers, reservists, part time, and any personnel that don't have a regular shift schedule and covering less than 40 hours must use the regular rate for the backfilling position.

Cooperators must use pay rate schedule Appendix D per the General Provision in Section 4; Reimbursements.



HELPFUL HINTS

- Provide amendments of the Pay Rate Schedule if reporting a new hire or an employee that received a promotion: i.e. - firefighter to engineer.

Cooperator's Invoicing 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 personnel 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)
- Documentation of time spent preparing invoice; DFFM recommends using a CTR to document this. The CTR must be signed by an authorized supervisor
- **Invoices returned for a third time will void payment of administration fees.**

Report this in the Personnel Section of the FM 122 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". On another separate line. Whatever the miscellaneous expenses are being claim "Airfare, baggage, rental/fuel," etc. as the item description.
- ✎ Quantity: type number 01 as the quantity
- ✎ Rate per Unit: use Meals and Lodging claim form for the total amount(s)
- ✎ Total Amount: the FM122 invoice formula will automatically carry over that particular total amount(s)

Cooperator's Invoicing Instructions

Travel Section

DFFM 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 95 Maximum Mileage, Lodging, Meal, Parking and Incidental Expense Reimbursement Rates). To be in travel status, a traveler must be more than fifty miles (50) from both the traveler's residence and regular home unit (Topic 50, Section 25 Meals and Incidentals). Report details on the Meals & Lodging Claim Form, below.

All allowances are based on a per person basis

EXAMPLE OF MEALS & LODGING CLAIM FORM

Meals & Lodging Claim Form												
Incident Name:		Big Bear										
Incident Number:		AZ-ADC-123456										
Employee Name(s):		Jane White, John Brown, Ron Donner										
Date	Place of Meal Purchases (City/State)	Maximum Full Day Meal Rate Allowance	Less Meals Provided	Max Meal Allow	Number of Persons	Actual Meal Costs	Total Reimburse Meal Cost	Default Lodging Room Rate or County Name	Actual Lodging Cost & taxes	Room Rate over Allowable Yes / No	Total Reimb Lodging Cost	Misc-Airfare, baggage, etc.
16-Jan	Las Vegas, NV	\$45.00		\$45.00	3	\$61.43	\$61.43	\$96.00	\$167.78	No	\$167.78	\$60.00
17-Jan	Redding, CA	\$60.00		\$60.00	3	\$20.07	\$20.07	San Bernardino	\$327.00	Yes	\$264.87	
18-Jan	Kingman, AZ	\$60.00		\$60.00	3	\$59.20	\$59.20	\$96.00	\$167.78	No	\$167.78	
19-Jan	Phoenix, AZ	\$45.00	\$12.00	\$33.00	3	\$15.63	\$15.63					
Travel Expenses Grand Total		\$816.76					\$156.33	Lodging & Misc-Grand Total			\$600.43	\$60.00

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.

- If the incident is not providing meals, Cooperators will be reimbursed for the cost of meals at the Special Meal Rates for Firefighters approved by the AZ State Comptroller, so long as they have written justification from the incident, general message, or CTR.
- Reimbursed for actual cost or the Maximum Meal Rates per person whichever is less.
- No reimbursement for the first 12 hours of deployment for both in Arizona & Out of State
- Departure and return days will need to be calculated using 75% of the full day rate when an over-night stay is involved (do not forget the 12-hour rule still applies).
- 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 carryout.
- If multiple crewmembers are on the same receipt, maximum allowable \$ multiplied by the number of crewmembers or actual costs, whichever is less.
- If any meals were provided, reduce the amount of the specific meal allowance located in the [Arizona State Rates—Lodging and Meal Index](#) document.

Cooperator's Invoicing Instructions

FULL DAY MEAL BREAKDOWN

(Use when deducting for meals provided and departure/return travel day calculations)

Wildland Firefighting State Comptroller Effective to 6/7/22	
Breakfast	\$13.00
Lunch	\$17.00
Dinner	\$30.00
Full Day Rate	\$60.00
Departure & Return Travel Day with over-night stay (75%)	\$45.00

Lodging: *Reimbursement will be for actual lodging room rate and taxes. Any cost over the maximum allowance is not reimbursable. Itemized lodging receipts with a credited zero balance need to have the names printed of occupants of shared rooms and submitted with meals & lodging claim form. Refer to page 19 for the U.S. General Services Administration (GSA) website address.*

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 the expectation is that a place to camp will be provided. There can be instances when lodging will be needed with then the requirement is that the resource order allows for lodging or an approval in writing from a State Representative is provided with the invoice.

Out of State:

- When in travel status no authorization is required. Once at the assignment and a place to camp is not available a written documentation by the person(s) on assignment should be included with the invoice. Remarks can be on a CTR, General Message, or resource order.
- Resort Fees are NOT considered part of the room rate
- Additional fees such as safe boxes, movies, etc. are not reimbursable
- Exceeding the room rates is not reimbursable and at the cooperator's own risk.
 - Exceeded lodging allowance: Need to calculate the percentage of tax rate first by dividing total tax by the room rate. Then multiply tax percentage rate by the maximum lodging allowance and add the new tax for total reimbursement.
 - Example: Lodging room rate is \$110.00 and \$12.00 tax = \$122. Per GSA plan book the maximum lodging allowance is \$96.00. First, calculate the tax rate: $\frac{\$12 \text{ tax}}{110\% \text{ (room rate as \%)}} = 10.91\%$, then use the lodging allowance of $\$96.00 \times 10.91\% = \$10.47 \text{ tax} + \$96.00 = \106.47 is the total to claim.
 - Hand write calculations on lodging receipt as this can be helpful to verify the math.

Cooperator's Invoicing Instructions

How to look up the maximum allowances for meals:

Look up meal rates from the Special Meal Rates for Wildland Firefighters approved by the State Comptroller

How to look up the maximum allowances for lodging:

Look up lodging rates-go to GSA federal website <https://www.gsa.gov/travel/plan-book/per-diem-rates>. The federal website has an electronic data search fields with an interactive USA map to lookup the lodging allowance rates.

Per Diem Rates

Rates are set by fiscal year, effective October 1 each year. Find current rates in the continental United States ("CONUS Rates") by searching below with city and state (or ZIP code), or by clicking on the map, or use the new per diem tool to calculate trip allowances.

Search by City, State or ZIP

For Fiscal Year:

2022 (Current Year)

Select a State

City (optional)

OR

ZIP

Find Rates

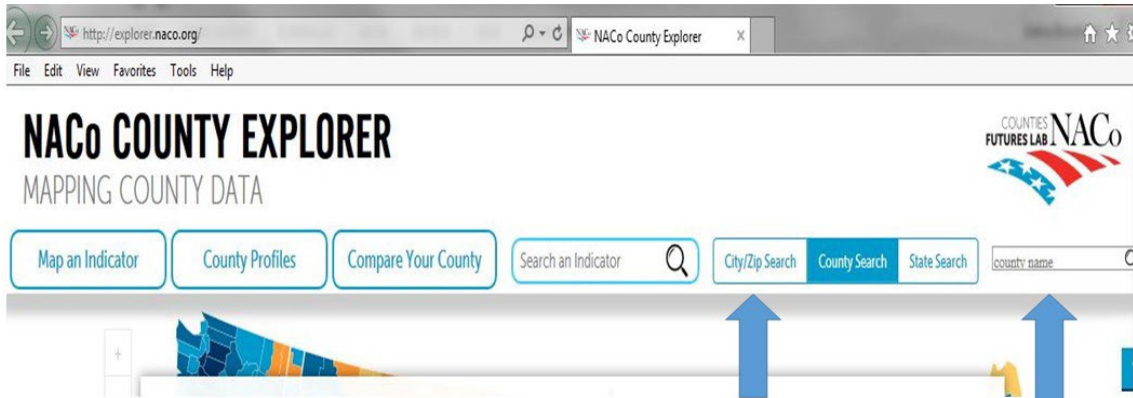
Search by State

For Fiscal Year:

2022 (Current Year)

County Search (Option 1)

Website: <http://explorer.naco.org>



1. Click on City/Zip Search
Usually have to click on this
box twice, glitch?

Enter City Name

County Search (Option 2) For tablets and smart phones (Caution: don't rely on the rates for meals)

Federal Per Diem App

Useful tool for purposes of determining the county

50 THOUSAND Downloads

3.5 Rating

Travel & Local

Allows travelers to look up Federal government per diem rates throughout the US.

WHAT'S NEW
Fixing accessibility issues.



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. The current letter can be found on the Invoice EXAMPLE Form 2021 Workbook "Meal Exception" tab.**
- **DFFM suggest sharing rooms to mitigate higher rates**

Rental Vehicles

Need 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 contract receipt and fuel receipts to be included with invoice. Any insurance purchased other than CDW for out of state assignments are at the Cooperator's expense. Extras such as GPS, GARS, Satellite Radio fees, etc. are not reimbursable.

Vehicle Type: Needs to commensurate with position requested on resource order. SUV's above a full size class must be approved by the incident.

Within the State of Arizona: No additional insurance options are reimbursable. Any insurance purchased is at the cooperator's expense.

Out of State: Only CDW is reimbursable. Any additional insurance is at the cooperator's expense.

✎ Detailed copy of rental vehicle plus applicable taxes and attach receipts

✎ Fuel purchased for rental car, attach receipts

Cooperator's Invoicing Instructions

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

Travel to Airport

- Agency vehicle: 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.
- **POV mileage should be rounded to the nearest whole number and odometer readings recorded on the equipment shift ticket OF-297**

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 and Services

Subject to state review

- Itemized receipts must have business name, address, and phone number(s)
- Supply Resource Order

Cooperator's Invoicing Instructions

SUBMITTAL FOR PAYMENT

Invoices must be submitted clean and accurate to the State within the 60 days of return to the home unit. If there are issues that would cause the invoice(s) to be late, then email Financial Admin, otherwise invoices received outside this timeframe will be refused.



Only one email and one PDF attachment per fire incident.

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
- Emergency Equipment Fuel & Oil Issue Tickets (OF-304)
- Travel Claim Form
 - Lodging Receipts: Printed Names of Shared Room(s)
 - Do NOT include 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 ****Must be invoice separately****

SCAN: All original paperwork from list above into one PDF file, if possible.

EMAIL to: financialadmin@dffm.az.gov.

- Attach PDF file**
- Subject line: 3 Letter ID - Incident Name - Fire Dept. Invoice Number**
 - This information comes off the Invoice Form FM-122 – see highlighted boxes
- Any special instructions or comments in body of email**
- Reassignment(s):**
 - Submit Billing Packet for the subsequent incident(s) on the same day in separate email(s), if possible.



Helpful Hints

Placing Shift Tickets, Crew Time Reports, etc. in chronological order and taping to a piece of paper makes it easier to read and takes less scanning.

Cooperator's Invoicing Instructions

GLOSSARY

Automated Clearinghouse: Electronic credit (deposits) of authorized bank accounts

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 are also being trained & 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.

GARS: U.S. Government Rental Car Agreement for federal employees use only.

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 reimburse 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: Is 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 the 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 (A= Aircraft, C = Crews, E = Equipment, O = Overhead, S = Supplies) followed by a sequential number (e.g., AZ-A1S-000020, E-3).

Cooperator's Invoicing Instructions

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.

Volunteer and Supplemental Hires: 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 DFFM 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.

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 Invoicing Instructions

ACRONYMS

ACH: Automated Clearinghouse

AIDC: Arizona Interagency Dispatch Center

AFCA: Arizona Fire Chiefs 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

EEST: Emergency Equipment Shift Tickets

ERE'S: Employee Related Expenses FMO: Fire Management Officer

GARS: Government Administrative Rate Supplement

IBA: Incident Business Advisory

IIBMH: Interagency Incident Business Management Handbook (Also commonly referred to at 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 Invoicing Instructions

EXHIBITS:

The following documents can be found on our website:

<https://dffm.az.gov/fire/cooperators> INVOICE FORM 2022 WORKBOOK (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)

Submittal for Payment Checklist

Meal Exception Letter

Need Help (contact information)

3 Letter Identifiers

Annual Operating Plan (aka - General Provisions)

Documents referred to in the **Annual Operating Plan:**

DFFM **Supplemental Fire Department Resources Position Pay Rate Matrix**

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 Lodging Allowances: <https://www.gsa.gov/travel/plan-book/per-diem-rates>

Travel Meal 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>

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 Invoicing Instructions

FORMS CAN BE PURCHASED THROUGH NWCG - [SUPPLYCAHE](#):

ICS 213 General Message (NFES #001336)

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

SF-261 Crew Time Report (NFES#000891)

Support and Services:

Tom Vogt, Finance Administrator

tvogt@dfm.az.gov

602-542-2446

Christopher Budreski, Auditor

cbudreski@dfm.az.gov

602-771-1418

Lucy Ruiz, Auditor

lruiz@dfm.az.gov

602-771-1406

Shannon Kelly, Incident Business Manager

skelly@dfm.az.gov

928-200-2900

Fire Department Change of Address:

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



Helpful documents for Wildland Personnel

[Wildland Finance Paperwork Checklist on the following page](#): Print onto a large envelope and give to personnel assigned to fires to put their paperwork, various receipts, and extra multiple checklist. When wildland personnel return to home station this then is turn into fire department's admin invoicing contact to expedite process. See below including a copy of the CFRA, Travel Policy and Travel Claim Form for personnel as well.

Cooperator's Invoicing Instructions

Wildland Finance Paperwork Checklist (multiple copies)

Fire Name: _____ Request Number: _____

Incident Number: _____ P' Code #: _____

FIRE INCIDENT CHECK-IN DOCUMENTS REQUIRED:

1- Cooperative Fire Rate Agreement & Amendments (multiple copies) 2- Annual Operating Plan (multiple copies) 3- Red Card Qualifications 4- Resource Order(s)

TRAVEL TIME (wheels rolling): Per the Annual Operating Plan must be annotate on the CTRs & ESTs.

Responding Date/Start & End time to incident (NO prep & check-in time): _____

ICP Released Date/Start time to a reassignment or home unit (NO checkout time): _____

Arrival Date & End time at the reassignment or home unit: _____

If immediately reassigned to another incident write the name here: _____

- All documents signed, dated, and legible
- OF-288 Emergency Firefighter Time Reports and SF 261 Crew Time Reports:
 - Travel time on the CTRS written on the remarks section
 - OF-288 with travel (TVL) on form when provided
 - Rehab start & end time @ home station written on CTR: 01 hour for engines, tenders, & ambulances
- OF-286 Emergency Equipment – Use Invoice and OF 297 and Emergency Equipment Shift Tickets:
 - Daily time for light vehicles or hourly time for the heavy equipment are written
 - POV(s) not on CFRA are only for transport to the airport, which odometers are needed for mileage
- OF-304 Emergency Equipment Fuel & Oil Issue Tickets
- Resource Order(s)
- Travel Claim Receipts- If within AZ, must provide a resource order S# or written approval from Arizona State Rep
 - Meal Receipts
 - Paid Lodging Receipts: Print names of occupants of shared rooms
- Rental Vehicle Detailed Invoice
 - Fuel receipts
- Important: additional insurances purchased are not reimbursable. Exception is for Collision Damage Waiver (CDW) outside of Arizona State
- Misc. expenses - Airfare, Baggage, Shuttle Receipts, ETC.
- 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
 - Receipts for replacement or repair
 - Pictures of damage, if any

Notes: _____

Cooperator's Invoicing Instructions

Intentionally left blank for notes.