

# Arizona Department of Forestry & Fire Management 2025 Cooperator's Manual



**Please take the time to review the new 2025 manual.**

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### **NEW BILLING DOCUMENT CHECK LIST TO USE FOR SUBMITTAL FOR PAYMENT**

*The following documents need to be collected before you begin your new billing document in FBS. Not all of the items below will apply depending on the resource and the complexity of the assignment. Separate invoices must be completed for each incident, change in financial code, or damage claims.*

- Equipment shift tickets OF-297 or Emergency Equipment Use Invoice OF-286
  - ☐ Are documents legible?
  - ☐ If any initialed and dated written changes on the OF-286 form; then, provide specific shift tickets as backup
  - ☐ Review for signatures are applied
  - ☐ Is travel written on first and last day of the EST?
  - ☐ Are start and stop times written for all days?
  - ☐ Verify CTRs for breaks?
  - ☐ Odometer readings written for daily rate equipment?
- Appendix-D Personnel Pay Rate Schedule
  - ☐ Is the current Appendix-D Personnel Pay Rate Schedule February 08, 2023 being used?
  - ☐ Are personnel rates updated in FBS?
- Crew Time Report (CTR) and/or Incident Time Report OF-288
  - ☐ Are the documents legible?
  - ☐ If any initialed and dated written changes to OF-288, then, provide specific CTRs as backup
  - ☐ Review for signatures are applied
  - ☐ Is travel written on first and last day on the CTRs? Note any remote/virtual time, etc.
  - ☐ Are work start and stop times written for all days?
  - ☐ Rehab: Does the return to home station show the start and stop time on the last day of the CTR? (Optional)
- Wildland Work Hours Calculator
  - ☐ Check the worksheet(s) for any errors
- Emergency Equipment Fuel and Oil Issue OF-304
  - ☐ Are the documents legible?
  - ☐ Are signatures and fuel/# of gallons are applied?
- Resource order (RO): ALL resources must have an RO, e.g.: damage equipment, chase truck(s), supplies, etc.
  - ☐ Provide copy of Resource Order
  - ☐ Verify personnel has a subordinate resource order # assigned for extended assignments
  - ☐ Is the equipment information listed correctly?
- Meal receipts
  - ☐ Used to enter meal cost - Do not include meal receipts in PDF scan – kept for a period of five (05) years
  - ☐ Resource Order: Mention self-sufficient when there is no campground for lodging & meals
- Rental Car
  - ☐ Detailed paid contract and fuel receipts included with billing packet?
  - ☐ Verify any extra fees and taxes are deducted from the contract: GPS, GARS, Satellite Radio fees, etc.?
  - ☐ Resource order shows Rental approval?
  - ☐ Are documents legible?
- Lodging Receipts
  - ☐ Are lodging receipts legible?
  - ☐ Are the additional fees and taxes deducted such as safe boxes, movies, etc.?
  - ☐ Shared room? - write down names of the occupants
  - ☐ Are the lodging receipts paid? (zero credit balance)
  - ☐ Check for duplicate room numbers on the lodging receipts?
  - ☐ Resource Order: Mention self-sufficient when there is no campground for lodging & meals?
- Other Expenses
  - ☐ Are documents legible and paid?
  - ☐ Item(s) mentioned on resource order
  - ☐ Provide any other documentation, such as general message, holiday policy etc.

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## New Billing Document Check List – Damage Claim

The following documents should be collected prior to billing a Damage Claim and must be billed as a separate billing document.

- ☐ Include copy of Property Loss or Damage Report Fire Suppression Form OF-289 and/or General Message Form ICS 213 (how, who, what, when, where and why) must be signed by incident supervisor, Logistics Chief or designee, and Incident Business Advisor
- ☐ Witness statement(s), if any
- ☐ Pictures of damage, if any
- ☐ Receipts of replacement of item(s) or repairs paid by the Cooperator
- ☐ Supply (S#) Resource Order
- ☐ Copies of any other paperwork submitted to the incident to obtain the S#
- ☐ Proof of insurance is needed

**Scan all documents into one PDF file. No graphical or scanned file types (JPG, GIF, TIFF, etc.)**

**Helpful Tip:** Placing in separate groups: Shift Tickets, Crew Time Reports, etc. in chronological order and taping to a piece of paper makes it easier to read and assist the audit staff in review of your invoice billing packet.

**IMPORTANT:** *Per AOP-Invoices must be submitted clean and accurate to DFFM within 60 days of return to the Home Unit. Invoices received outside this timeframe will be refused.*

- i. *At least 7 days prior to the 60-day submission deadline, cooperators must submit an email to FBS@dffm.az.gov with an explanation as to why they won't make the 60-day deadline, along with specific contact information. DFFM staff will in-turn contact the cooperator staff directly to assist, as much as we can, in helping make the deadline, but please note that sending this email DOES NOT grant an extension.*
- ii. *If DFFM audit staff reject an invoice asking the cooperator to make changes and resubmit, the cooperator has a maximum 14 calendar days from the date of rejection to resubmit to DFFM with the appropriate changes, or that invoice will be deemed as NOT SUBMITTED. Be aware if that places the timeframe past the 60-day deadline, the invoice will in-turn be DENIED. Note: Too many times this past year our auditors rejected an invoice, with notes on what needs to change, and the invoice would be idle for weeks, some even longer. This is an unacceptable practice that seems to be submit and forget! DFFM audit staff will send ONE email reminder 7 days after the rejection. DFFM strongly recommends cooperators log into FBS at least once per week to check on the status of all their invoices!*

**Helpful Tip:** Plan to submit your invoice within 30 days to have possible discrepancies corrected before the 60 day deadline.

## Reference Material

- ✓ Cooperative Fire Rate Agreement and Amendments
- ✓ DFFM Annual Operating Plan (AOP) for Cooperative Fire Rate Agreement
- ✓ Appendix-D Pay Rate Schedule
- ✓ Billing Workbook Material
- ✓ Fire Business System (FBS) New Billing Document Presentation

## Fire Department Internal

- ✓ Payroll
- ✓ Employee Shift Schedule

## DFFM AOP, FBS New Billing Document, NWCG Incident Business Handbook, & Instructions

This manual will have the combine DFFM Annual Operating Plan (AOP), FBS New Billing Document presentation (found in the [dffm.az.gov](http://dffm.az.gov) website, which would have a step by step instructions with graphics of how to create a billing document).

All wildland invoices MUST be submitted through the online Fire Business System (FBS).

## FBS Roles:

*There are three roles available to each cooperator within the FBS. An FBS user may have one, two or all three roles, unless that user is a contractor with the cooperator, in which case only the Data Entry role is available to that contractor. A cooperator may also have multiple people with the same role(s); that decision is up to the cooperator. Please submit all FBS questions/issues to [FBS@dffm.az.gov](mailto:FBS@dffm.az.gov) including requests for new users.*

**Personnel/Equipment Setup role:** This role enters and maintains the personnel and equipment lists for the cooperator. This role is also necessary to sign the CFRA.

**Data Entry role:** The role of data entry creates new billing documents and review the status of previous submissions. Once a billing document is submitted, no changes are permitted unless it's returned to your queue by your department approver or billing approver (DFFM auditor). Until the document is submitted/approved, you can edit it at any time. This role is the only one that can delete a bill.

**Approver role.** This role approves the Billing Documents just before they are submitted to billing approver-(DFFM auditors).

**Contractor:** If a cooperator employs a contractor (a non-employee of the cooperator) to create the billing document, the contractor may ONLY have the FBS Data Entry role. The Approver role must belong to at least one employee of the cooperator to ensure the cooperator's organization is aware of all their billing document activity. A signed document must be uploaded to the CFRA indicating that a contractor is producing the billing documents for that cooperator.

## Select role to create a FBS New Billing Document:

Go to the FBS website: [az.firebilling.org/fire/login](http://az.firebilling.org/fire/login) to sign into. Verify you are in the Data Entry role, if not, click on the personal profile icon for the popup to show the Switch Role field, then find and click on the role.

The screenshot shows the FBS Queue home page. At the top, there is a navigation bar with a logo, a 'Queue' tab, and a 'New Billing Document' dropdown menu. A green box highlights the 'New Billing Document' dropdown, with an arrow pointing to it and a text annotation: 'Click on New Billing Document. A dropdown will show Fire & Project. Click the Fire field and see next page'. To the right of the navigation bar, there is a 'Data Entry (TESTING Fire Department)' button with a user icon. Below the navigation bar, the main content area is titled 'Queue (10)'. It features filter options: 'Filter By Bill Status' with icons for pending, approved, and rejected, and 'Filter By Bill Year' with options for 2020, 2021, and 2022. A table with columns: Type, Submitted, Created By, Name, Request #, Assignment, Assigned To, Status, and Total is visible. A 'Switch Role' popup is open on the right, showing a list of roles: Approver (TESTING Fire Department), Billing Approver, and Data Entry (TESTING Fire Department). A green box highlights the 'Data Entry (TESTING Fire Department)' role, with an arrow pointing to it and a text annotation: 'Click on the Data Entry.'.

Above is the Queue home page. When you have completed a billing it will show here on this page. Click the 'New Billing Document' tab, then click on FIRE in the dropdown menu. You'll be taken to the Incident Information page below.



## Incident Information

*[Notice the below sections of the Incident Info, Personnel/Equipment, Expenses, and Overview to apply data and review.](#)*

Bill ID: Created: 2/10/22 11:55 MST by Lucy Ruiz

Incident Info > Personnel/Equipment > Expenses > Overview

Resource: TESTING Fire Department

Incident: \*  ⓘ  
 Can't find your incident?

← Incident info auto populates.

Begin Date: \*

End Date: \*   
 Total Days: 3

Deployment:  of  ⓘ

Notes:

### FBS Select an Incident

Go to the incident Name & Number field and type in the name from the resource order and look for it in the dropdown menu with the corresponding number to click to populate the incident field. Right below the incident field it will populate the information of the incident name & number, county, fire incident date range, and sometimes the financial code 'P' number.

✍ If you decide to type in the incident number make sure to leave off the first dash as FBS incident number doesn't follow the resource order in the box 03 format.

For example: AZ-A1S-123456 will be *AZA1S-123456* will show the incident name and corresponding number in the dropdown menu to populate the incident field.

✍ When you are unable to find your incident information, then the below example click "Can't find your incident?". Enter the year of the incident and incident number. Enter the 2 digit state and 3 letter incident agency without the dash between them, there is only one dash and the last six digits. Click Add Incident and it will populate the incident field.

Incident: \*  ⓘ  
 Can't find your incident?

Still unable to find the fire incident. Click this button.

Incident Name or Number  
 AZ-A3S-000001 (AZA3S-000001)

Can't find an incident?

Try these options:

- 1) Browse Incidents
- 2) Search nationally for an out-of-state incident via IRWIN

It will bring this search box and type in the year of the incident and the fire incident number.

Year  Number  State

If you still are unable to locate the incident, then, send an email to [fbs@dffm.az.gov](mailto:fbs@dffm.az.gov)

## FBS ENTERING BEGIN AND END DATES

This is the time frame the cooperator is in travel status and the duration of work time spent on an incident, not begin and end date of the incident. Be sure dates fall within the start and end dates of the incident timeline.

✎ Click into Begin Date field, type in the date to select the first day from the dropdown calendar.

Begin Date : \*

End Date : \*

Deployment:

Notes:

This is the date when the resource(s) leave(s) the home unit (when wheels start turning).

✎ Next click into End date field, type in the date to select the last day from the dropdown calendar. This is the date when the resources left the incident for reassignment or arrived back to the home unit (when wheels stop turning). If there is approved R&R after 14 work days, travel not

included, anticipate extra days as the end date. “Remember – you will only be able to enter expenses for the dates you select here. “

✎ If you incorrectly entered the dates you can revise them but keep in mind if you have entered any expense(s) data outside the range of dates entered previously they will be deleted. Repeat the same steps as above to enter the revised date(s).

## DEPLOYMENT AND NOTES

Deployment:  of  ⓘ

Notes:

✎ Deployment: If an invoice is part of multiple assignments, then type the specify deployment, e.g. 1 of 2 in the deployment fields.

✎ Notes field: Enter the reassignment name(s) here. You may include any helpful notes about this assignment.

Select “Save” or “Next”. To the next page “Personnel/Equipment tab.

## FBS EQUIPMENT SECTION

*Equipment details should be prepopulated by your approved CFRA in the FBS Personnel/Equipment Setup. Add up all hourly or daily/mileage for each piece of equipment from the Emergency Equipment Shift Tickets (OF-297) OR Emergency Equipment-Use Invoice (OF-286).*

✎ Click ‘Add equipment’: Choose the item from the dropdown menu. This will bring up all the equipment that was entered from your department CFRA.

✎ Click on the SELECT button. Once you selected the equipment, it will appear under the Resource field of the Equipment Entry screen.

If you do not find the equipment you are looking for, then contact your department personnel that has the Personnel/Equipment Setup role.

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### Request Number #

- First type in Resource Order number found in box 12. Click save to lock it in.

Bill ID: 2022-TST-0014  
Created: 2/22/22 14:22 MST by Lucy Ruiz

Incident Info > **Personnel/Equipment** > Expenses > Overview

**Equipment Entry** Once you select the equipment it will place Days/Mileage or Hours next to the field to be

| Resource | Request # | Quantity | Hours/Days | Miles | Aid Deduction | Fuel Deduction | Total  |
|----------|-----------|----------|------------|-------|---------------|----------------|--------|
| Engine 3 |           | 1        | 0.0        |       | 0.0 \$ %      | 0.0 \$ %       | \$0.00 |
| 1 Lines  |           |          |            |       |               |                | \$0.00 |

### Hours/Days worked: Time will be recorded in military time and to the nearest quarter hour.

- Total from either the Emergency Equipment Shift Tickets or Emergency Equipment – Use Invoice OF-286.

- Record to the nearest quarter of an hour – refer to the *Hourly Units in the Glossary*

For extended assignments, use in the invoice workbook the Emergency Equipment Shift Tickets Summary form to figure the accurate hours/days. To add additional equipment used on the incident follow the above steps.

**FUEL DEDUCTION:** Type in total amount in the “Fuel deductions” field. FBS will deduct the amount from your equipment total.

## **EQUIPMENT INSTRUCTIONS**

### Hourly or Daily Rate Equipment

- Is intended to reimburse the Cooperator for the costs of operating the equipment, including the costs of fuel and maintenance. Equipment time shall only be recorded based on time the equipment is in operation (example: equipment is not in operation when the Cooperator takes a break or when the equipment is down for maintenance.)

### 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.



- Mileage should be rounded to the nearest whole number and odometer readings should be recorded on the OF-297
- ALS/BLS Kits: Only one kit allowed per person per assignment
- 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 & 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

### 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 Annual Operating Plan Medical Equipment and Resources for details on page 04
- REMS teams and Medic teams will no longer be deployed without a 4x4 vehicle per NWCG. CFRA's will be updated to reflect mandatory 4x4 usage.


### **HELPFUL HINTS**

- Resource order number 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 that 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 with initials and date
- If no OF-286 was provided on a multiple day assignment you can use the Emergency Equipment Shift Tickets Summary provided in the Invoice Form 2024 Workbook, EEST tab, to include with the invoice
- Any written changes on the OF-286 form; then, provide the specific shift tickets.
- First & last days the 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, such as briefings, repairs, damages, etc.
- [See a filled in Emergency Equipment Shift Ticket example on page 33](#)
- [See page 34 for the Summary of Emergency Equipment Shift Tickets.](#) This is an optional form that you might want to use on a multiple day assignment when no OF-286 was provided.

## FBS PERSONNEL SECTION

To begin the personnel section – select ‘Add Personnel’ button

### Personnel Time Entry

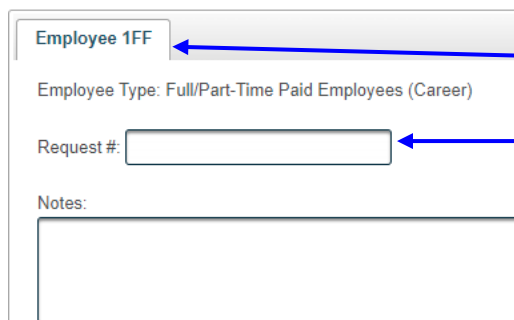



### Personnel Time Entry:

Select ‘Add Personnel’ button

- From the popup menu select the employee by name

### Personnel Time Entry



The popup will show the personnel tab being created.

Request Number #

- Found in box 12 of the resource order. This is a mandatory field. Click save. Do not skip this step or your time entry will not save correctly.

### Notes

- Add any applicable shift schedule (preferred), Initial Attack, travel delays, holiday pay, R/R mention, etc.

### Personnel- Rank/AD Rate field

- Click on the \$ sign to view the position type, Base rate, and Overtime rate are correct
  - If there were changes to Appendix-D Personnel Pay Rate Schedule, then update the FBS Manage Employees section
  - 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.

*The below example date field is pre populated by FBS from the incident information page.*

| Date                  | Rehab                    | R&R                      | Travel                              | Backfill                 | Rank / Supplemental Rate | Time Entry Hours | Base Hours  | Overtime Hours | Expense |
|-----------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|------------------|---|----------------|---------|
| Friday<br>1/28/2022   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Firefighter \$           | 0                | 0.0   | 0.0            | \$0.00  |
| Saturday<br>1/29/2022 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Firefighter \$           | 0                | <div> <div>Start</div> <div>End</div> <div>Base OT</div> </div> <div> <div>00:00</div> <div>00:00</div> <div><input type="radio"/></div> </div> <div> <div>Military time, e.g. 05:30 or 18:45, Format: [Hour]:[Minute] to closest quarter hour</div> <div><input type="checkbox"/> Add another row</div> </div> <div> <div>Close</div> </div> |                |         |

Duplicate Date/Row Button

### Hours Worked

- Select the Travel box – This should be documented on the CTR/OF288. Click Time Entry Hours button to enter the start & end time from CTR/OF288 for travel: e.g., 07:00

- – 08:00, choose Base or OT button. Close the popup, this will total 1 hour. Note: the time should be rounded to the nearest quarter hour.
- To input the rest of the work time, the date would need to be duplicated. In the 'Date' field, click 'Duplicate Row' button. This will copy the same date in a new row. Remove the Travel checkmark to signify no longer in travel status. Click on Time Entry Hours button this will have the previous start and end time. Enter the new time: e.g., 08:00 – 24:00, choose Base or OT button. The 16 hours is automatically figured. If there is a break taken, then add another row in the popup box by clicking 'Add another row'. Note: Change the time as it would be copied from the previous row. Must save each day in case of any interruption or your time entry will not save correctly.

| Date               | Rehab                    | R&R                      | Travel                              | Backfill                            | Rank / Supplemental Rate | Time Entry Hours | Base Hours | Overtime Hours | Expense  |
|--------------------|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|------------------|------------|----------------|----------|
| Saturday 1/29/2022 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Firefighter ▼ \$         | 1                | 0.0        | 1.0            | \$33.00  |
| Saturday 1/29/2022 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Firefighter ▼ \$         | 16               | 16.0       | 0.0            | \$336.00 |
|                    |                          |                          |                                     | Employee 4FF ▼                      | Firefighter ▼ \$         |                  | 0          | 16             | \$224.00 |

Employee 2Battalion Chief  
 Employee 2CAPTAIN  
 Employee 2Chief  
 Employee 2ENGINEER  
 Employee 2FF  
 Employee 2VOL=FF1/FFT2/ENGB  
 Employee 3Battalion Chief  
 Employee 3CAPTAIN  
 Employee 3Chief  
 Employee 3ENGINEER  
 Employee 3FF  
 Employee 3VOL=ENGB-F  
 Employee 4Chief  
 Employee 4FF  
 Employee 4VOL=FF1/FF2

Enter backfill work hours.

- Backfill Personnel: Click on the backfill box on the date you wanted to enter the work hours. This will bring down the Select Employee menu, Select the employee that completed the backfill and enter the backfill hours in Overtime field.

Continue to follow this process until you have entered all hours performed for the person you have selected and the backfill coverage.

### Personnel Time Entry – Duplicating personnel schedule

- If an already entered employee has the same work schedule you may copy that same data to the new employee. Make sure you are on the Personnel Time Entry tab of the employee you want to copy. Click the 'Copy Personnel' button. Select employee by name from the dropdown menu. Enter Request # assigned on Resource Order; this is a mandatory field. Click Copy. This will populate the new personnel with the same schedule data except for the backfill and R&R that will need to be added, if applicable.

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### R&R:

- When claiming R&R, 1) Click the R&R button, 2) Enter the time for the Base Hours field.

| Date                  | Rehab                    | R&R                                 | Travel                   | Backfill                            | Rank / Supplemental Rate | Time Entry Hours | Base Hours | Overtime Hours | Expense  |  |
|-----------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|------------------|------------|----------------|----------|--|
| Tuesday<br>2/1/2022   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Firefighter ▼ \$         | 16               | 16.0       | 0.0            | \$336.00 |  |
|                       |                          |                                     |                          | Employee 3FF ▼                      | Firefighter ▼ \$         |                  | 0.0        | 16.0           | \$224.00 |  |
| Wednesday<br>2/2/2022 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Firefighter ▼ \$         | 8                | 8.0        | 0.0            | \$168.00 |  |
|                       |                          |                                     |                          | Employee 3FF ▼                      | Firefighter ▼ \$         |                  | 0.0        | 8.0            | \$112.00 |  |

- To enter R&R with backfill. 1) Click Backfill button, 2) Select employee name that completed the backfill from the drop down box. If two people completed backfill on the same day use the duplicate row button to copy the same day and select the 2<sup>nd</sup> employee from the drop down box. 3) Enter the backfill hours in the overtime hour's field. This should match up to the Wildland Workhours calculator sheet.

### PERSONNEL INSTRUCTIONS

*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 & Incident Time Report OF-288's
- Appendix-D Personnel Pay Rate Schedule
- 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 personnel.
- FBS Notes/Comment box
  - Add any applicable shift schedule (preferred), Initial Attack, travel delays, holiday pay, R/R, etc...
- Personnel
  - 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.

### Crew Time Reports

- Travel: This is mandatory-Time should be broken out for travel regardless an incident attack & less than 15 minutes away with a "T or TVL" in the 1<sup>st</sup> column of the CTR or in the remarks section on the first and last day. Time will be recorded in military time and to the nearest quarter hour. Note any remote/virtual time. [See filled in example on page 32](#)
- Meal Breaks: Verify that meal breaks have been taken 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 NWCG Standards for Interagency Incident Business Management (yellow) book under Meal Periods page 10-12.
- 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.

### **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 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.

Chase trucks to allow for maximum staffing levels ARE NOT automatically authorized. Must be authorized and approved by the State Duty Officer and requires a resource order to be reimbursed.

### **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

#### **Supplemental Fire Department Personnel Resources:**

- 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.

### **Wildland Work Hours Calculator and Backfill Form**

*How the wildland work hour's calculator worksheet figures the wildland personnel's regular & OT work hours, and the backfill costs in FBS production website?*

You'll need:

- Fire Department's CTR's & OF-288
- Pay Rate Schedule,
- Fire Department Payroll
- Examples can be found on the Invoice 2024 Cooperator EXAMPLE Forms Invoice Work -book, tab labeled 3examplesWrkHrCalculatr
- ✍ Shift Schedule: Normal shift schedule worked at the home unit: e.g. 0800 to 0800, 0800 to



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1700 and shift type: e.g. 24/48 hour, or M-F. Place in the FBS Notes Personnel Section.

- ✎ 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.
- ✎ Regular (ON): Shift schedule hours
- ✎ OT (OFF): Hours worked outside of the shift schedule, except for salaried personnel.
- ✎ Backfill Name & Job Title: The personnel who worked their shift schedule and job title at the home unit for the personnel on wildland assignment. *See AOP on page 10/item (s) for backfill.*
- ✎ Backfill Hours: The number of shift hour's schedule they worked for the personnel on wildland assignment.
- ✎ Backfill Rate of Pay: The OT hourly rate of the backfill person for that day and will be capped at the top range of the assigned resource classification in certain circumstances.
  - *Total Backfill Difference:* Is automatically calculated. The difference is between the backfill person and wildland person's pay rates. If the backfill person's rate is less than the wildland person's pay rate, then there would be no backfill overage. See below examples.

### **EXAMPLES OF BACKFILL CHARGES (reference Pay Rate Schedule on page 18)**

*Example of backfill overage:* Backfill Bob Moreno/BC OT rate of pay is \$46.44 an hour and the person on assignment Jane White/BC base rate of pay is \$26.05. Figure \$46.44 OT - \$26.05 base= \$20.39. The difference would be \$20.39 an hour to claim

*Example of no backfill:* Backfill Adam Adski/FF OT rate of pay is \$30.70 an hour and the person on assignment Bob Moreno/BC base rate of pay is \$31.20. Figure \$30.70 OT-\$31.20 Base= **<-\$0.50>**. No difference to claim.

*Example of top rank classification exceeded:* Backfill Steve Stanley/Chief OT rate of pay is \$58.44 and the person on assignment Jane White/BC base rate of pay = \$26.05. Top rank of pay for BC OT=\$46.44. Because the backfill person's rate of pay of \$58.44 is higher than the top rank for BC of \$46.44, you would use the top rank of pay for the BC. Figure the OT \$46.44 minus - \$26.05 base = \$20.39 hour to claim.

### Example Wildland Work Hours Calculator

| WILDLAND WORK HOURS CALCULATOR |                           |       |                 |              |              |                         |                              |                                   |                    |                 |                  |
|--------------------------------|---------------------------|-------|-----------------|--------------|--------------|-------------------------|------------------------------|-----------------------------------|--------------------|-----------------|------------------|
| Incident Name/P Code:          |                           |       | BIG BEAR        |              |              | PNSB44                  |                              | SHIFT SCHEDULE: 8 TO 8/24HR SHIFT |                    |                 |                  |
| Employee Name & Job Title      |                           |       | JANE WHITE / BC |              |              | REG HOURLY RATE         |                              | 26.0468                           |                    |                 |                  |
| DATE                           | TIME<br>Enter colon ( : ) |       | HOURS           | REG<br>(ON)  | OT<br>(OFF)  | TVL, R&R,<br>Rehab, etc | BACKFILL NAME &<br>JOB TITLE | BACKFILL<br>HRS                   | RATE OF<br>PAY     | DIFF-<br>ERENCE | TOTAL<br>OVERAGE |
| 1/16/2024                      | 14:30                     | 0:00  | 9.50            | 9.50         |              | TVL ENDED 2130          | Bob Moreno/BC                | 6.00                              | 46.4382            | 20.39           | 122.35           |
| 1/17/2024                      | 0:00                      | 8:00  | 8.00            | 8.00         |              |                         | Bob Moreno/BC                | 8.00                              | 46.4382            | 20.39           | 163.13           |
|                                | 8:00                      | 11:30 | 3.50            |              | 3.50         |                         |                              |                                   |                    | 0.00            | 0.00             |
|                                | 12:00                     | 22:00 | 10.00           |              | 10.00        |                         |                              |                                   |                    | 0.00            | 0.00             |
| 1/18/2024                      | 6:00                      | 8:00  | 2.00            |              | 2.00         |                         |                              |                                   |                    | 0.00            | 0.00             |
|                                | 8:00                      | 0:00  | 16.00           | 16.00        |              | TVL started 1900        | Steve Stanley/CHIEF          | 24.00                             | 46.4382            | 20.39           | 489.39           |
| 1/19/2024                      | 0:00                      | 8:00  | 8.00            | 8.00         |              |                         | Exempt Reg rate \$58.4355    |                                   |                    | 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             |
| <b>TOTALS</b>                  |                           |       | <b>61.00</b>    | <b>41.50</b> | <b>19.50</b> |                         |                              | <b>38.00</b>                      | <b>GRAND TOTAL</b> |                 | <b>774.87</b>    |

[See 02 other examples on page 35](#)

### HELPFUL HINTS: PERSONNEL WORK HOURS

- The State discourages any travel taking place between the hours of 2200 and 0500 unless there are extenuating circumstances to justify travel between these hours
- 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 work time; remember to start a new line at midnight
- Any written changes on the OF-288 form, then, provide those specific CTR(s)
- If assigned to another Cooperators engine - Write on the CTRs and FBS Notes field the Fire Department & personnel names and cooperator to bill separately to DFFM for their personnel
- FBS is using quarter time increments, so when traveling less than 15 minutes then apply the 15 minutes quarter increment time, even in incident attacks (IA) as we do not check the internet maps of what the distance is between the assignment destination & their home station and how long it takes

### **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**

*(Supplemental employees do not qualify)*

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

○ **Below are the highlights:**

- Been on assignment for a minimum of 14 days, excluding travel days.
- If the next day or 2 consecutive 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 or travel day, if an employee has more work hours in a shift than travel hours. This would be the first workday.

If the conditions mentioned above are met then R&R qualifies and you'll need to document the hours on the FBS Personnel Time Entry page and notes. 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 personnel **do qualify** for this. Reimbursement would be as follows:

- 8 hours of Base Pay and Backfill unless their home shift schedules apply: such as 24 or 48 hour shifts, etc., 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 1<sup>ST</sup> 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.

**Holiday Pay:** DFFM will reimburse the cooperator for up to 8, 10, or 12 hours of base pay for each of their personnel who worked on a wildland fire assignment on a state holiday, based on the State of Arizona official holiday schedule (as defined by the Arizona Legislature), regardless of cooperator policy. Holidays are as follows: New Year's Day, Martin Luther King Jr. Day, Washington's Birthday (Presidents' Day), Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, and Christmas Day. When claiming reimbursement for holiday pay, provide the policy with your FBS invoice.

### **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.



**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 per separate invoice. An RO must mention crew swap to verify the connection with first billing invoice.*

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. You

**MUST** submit an FBS Billing Document for the crew that was swapped out within 60 days of their return home. Chase truck(s) must have a resource order number.

### **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.

### **Appendix - D Personnel Pay Rate Schedule**

*This is the document that reflects the Rate per Hour that is paid to the employee including employer 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 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

#### **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
- 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

### **EMPLOYER RELATED EXPENSES**

- IRS Standard-Medicare % is currently at 1.45%
- IRS Standard-Social Security % is currently at 6.2% - if paid by employer (not all fire departments pay into this)

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- 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)
- 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
- 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

Per the AOP must use Appendix D: Personnel Pay Rate schedule in Section 4; Reimbursements page 10 item (r).

| 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:        |                             |                            |
| PERSONNEL NAME   | RANK        | EXEMPT STATUS | MEDICARE 1.45% | SOCIAL SECURITY 6.20% | WORKER COMP % | RETIREMENT % | UNEMPLOY INSURANCE \$ | DISABILITY \$ | ANNUAL HOURS | Enter Base Hourly Rate | WILDLAND PAY RATE /BENEFITS | WILDLAND OT RATE/ BENEFITS |
| Adam Adski   | FIREFIGHTER |               | 1.45%          |                       | 4.78%         | 23.60%       | \$200.0000            | \$500.0000    | 2912         | \$15.7665              | \$20.7100                   | \$30.7045                  |
| Jose Ortiz   | ENGINEER    |               | 1.45%          |                       | 4.78%         | 23.60%       | \$200.0000            | \$500.0000    | 2912         | \$16.4533              | \$21.6017                   | \$32.0420                  |
| John Brown   | CAPTAIN     |               | 1.45%          |                       | 4.78%         | 23.60%       | \$200.0000            | \$500.0000    | 2912         | \$18.8874              | \$24.7619                   | \$36.7823                  |
| Jane White   | BATT CHIEF  |               | 1.45%          |                       | 3.00%         | 15.00%       | \$200.0000            | \$500.0000    | 2912         | \$21.6044              | \$26.0468                   | \$38.7097                  |
| Bob Moreno   | BATT CHIEF  |               | 1.45%          |                       | 4.78%         | 36.00%       | \$200.0000            | \$500.0000    | 2912         | \$21.7667              | \$31.1992                   | \$46.4382                  |
| Steve Stanley  | CHIEF       | Exempt        | 1.45%          |                       | 4.78%         | 23.60%       | \$200.0000            | \$500.0000    | 2080         | \$44.7500              | \$58.4355                   | N/A                        |
| Barbara Bank- ADMIN  | OTHER       |               | 1.45%          | 6.20%                 | 3.00%         | 15.00%       | \$200.0000            | \$200.0000    | 2080         | \$20.6731              | \$26.1681                   | \$38.9636                  |
| *** 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.  |             |               |                |                       |               |              |                       |               |              |                        |                             |                            |
| Cooperators must use pay rate schedule Appendix D per the General Provision: Career Personnel Rates.   |             |               |                |                       |               |              |                       |               |              |                        |                             |                            |
| NO adjustments to the columns & math formulas, but, rows can be added for extra personnel.   |             |               |                |                       |               |              |                       |               |              |                        |                             |                            |

RANK COLUMN: Use the drop down box to choose the rank positions. Do not type any other positions as the spreadsheet is formula driven. To include the name of Other positions, then type it beside the personnel's name. For example, see Barbara Bank above.

| SEASONAL HIRES/ SUPPLEMENTAL PERSONNEL NAME | RANK       | ENTER BASE HOURLY RATE | MEDIARE % | SOCIAL SECURITY % | WORKER COMP % | RETIREMENT % | UNEMPLOY INSURANCE \$ | DISABILITY \$ | SUPPLEMENTAL CLASS | WILDLAND PAY RATE /BENEFITS | WILDLAND OT RATE/ BENEFITS |
|---|------------|------------------------|-----------|-------------------|---------------|--------------|-----------------------|---------------|--------------------|-----------------------------|----------------------------|
| Ron Donner                                  | Suplmental | 15.7600                | 1.4500%   | 6.2000%           | 4.7800%       |              |                       |               | FFT2-C             | \$17.7190                   | \$26.5785                  |
| Paul Lars                                   | Part-time  | 14.1100                | 1.4500%   | 6.2000%           | 4.7800%       | 11.0000%     |                       |               |                    | \$17.4160                   | \$26.1240                  |
| Sue Sweet                                   | Reserve    | 11.0000                | 1.4500%   | 6.2000%           | 4.7800%       | 11.0000%     |                       |               |                    | \$13.5773                   | \$20.3660                  |

For Supplemental personnel only: Hourly Rate is based upon position at incident-Reference DFFM Supplemental Resources Pay Rate Matrix (dffm.az.gov/fire/cooperators). Does not apply to Reserves or Part-time Employees.

Supplemental, seasonal, reserves, 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.

| Top Rank Backfill Rates |        |            |                   |               |              |                       |               |              |                       |                             |                            |
|-------------------------|--------|------------|-------------------|---------------|--------------|-----------------------|---------------|--------------|-----------------------|-----------------------------|----------------------------|
| RANK POSITIONS          | EXEMPT | MEDICARE % | SOCIAL SECURITY % | WORKER COMP % | RETIREMENT % | UNEMPLOY INSURANCE \$ | DISABILITY \$ | ANNUAL HOURS | REGULAR RATE W/O ERES | WILDLAND PAY RATE /BENEFITS | WILDLAND OT RATE/ BENEFITS |
| FIREFIGHTER             |        |            |                   |               |              |                       |               | 2912         | \$15.7665             | \$20.7100                   | \$30.7045                  |
| ENGINEER                |        |            |                   |               |              |                       |               | 2912         | \$16.4533             | \$21.6017                   | \$32.0420                  |
| CAPTAIN                 |        |            |                   |               |              |                       |               | 2912         | \$18.8874             | \$24.7619                   | \$36.7823                  |
| BATT Chief              |        |            |                   |               |              |                       |               | 2912         | \$21.7667             | \$31.1992                   | \$46.4382                  |
| CHIEF                   | Yes    |            |                   |               |              |                       |               | 2080         | \$44.7500             | \$58.4355                   | **                         |

This sheet autopopulates based on the entries on the CareerPayRateSchedule tab! - The Orange cell is the ONLY one that you may need to select!

### HELPFUL HINTS

- Prior to creating your billing document. Check if there were changes to Appendix-D



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- Personnel Pay Rate Schedule, then update the FBS Manage Employees section
- Keep amended Appendix –D Personnel Pay Rate schedules on file for in person audits

### FBS EXPENSES SECTION:

This section has multiple expense areas to capture totals for meal costs, lodging, fuel, rentals, and miscellaneous.

NOTE: Same principle information as the former Meals & Lodging claim form. No need to have multiple employee expenses. Preferably use the crew boss as the focal point.

1. Select “Add Employee Expenses.”
2. Select employee name from the popup “Add Employee”. And click add.

The screenshot shows the 'Expenses' section with a table for 'Meals & Incidentals'. A red note states: 'Expenses charged for multiple days on one receipt need to be allocated to the correct individual dates. M&I is for reimbursement of actual costs up to the maximum, NOT a per diem.' The table has columns: Date, Shared Expense, From, To, Max M&I, M&I, and Total. A row is shown for Thursday 5/20/2021 with 'Enter City, State' in the From and To fields, and \$0.00 in the M&I and Total fields. A 'Copy Line' button is highlighted with a green box. A green arrow points from the 'Add Employee Expenses' button in the top right to the 'Add Employee' popup, which shows a dropdown for 'Employee 1FF' and 'Add' and 'Cancel' buttons.

### Meals & Incidentals tab

1. Shared Expense Button: Click the button and select other employee(s) by name from the drop-down menu. Same basic info as the former Meals & Lodging claim form.
2. 'From & To' fields: Type the city & state locations
3. Max M&I field: The \$60 per person is automatically figured by the # of personnel selected.
4. M&I field: Type in the actual meal receipts amount for the day.
5. Total: This field will figure the actual amount due. For example if there was just an overhead personnel and they have \$65 being claimed for a particular day. A notification popup will mention M&I Value must be less than the Max M&I Value.

### POV tab (See page 24 Travel to Airport Instructions)

The below section is for POVs not on the CFRA - When transporting someone to the airport.

1. 'From and To' fields: Type the city & state locations
2. # of Miles field: From the EEST's type the # of miles. See under Travel to Airport page 24
  - Rate per mile is 65.5¢ a standard state rate mileage rate

The screenshot shows the 'POV' tab selected. A red note states: 'Mileage rounded to the nearest whole mile for the total calculation'. The table has columns: Date, From, To, # of Miles, Rate per Mile, and Total. A row is shown for Thursday 5/20/2021 with 'Enter City, State' in the From and To fields, 0 in the # of Miles field, 0.445 in the Rate per Mile field, and \$0.00 in the Total field. A 'Copy Line' button is highlighted with a green box. Below the table is a section for 'Receipts - POV' with a red note: 'Attach odometer readings on an OF297 or Google Map to support mileage'. There is a link to 'https://www.gsa.gov/travel/plan-book/transportation-mileage-reimbursement-rates' and an 'Upload Documents (50 MB Max File Size)' section with a 'Choose' button.

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### Other tab

This page has Lodging\Rental Vehicle\Rental Fuel\NERV Fuel\Airline Tickets\Baggage Fees\Parking\Tolls\Shuttle\Taxi\Car Wash Rentals only\ and Other

1. Shared Expense Field: Click the button and select other employee(s) by name from the drop-down menu.

| Date             | Shared Expense  | Lodging | Lodging Taxes/Fees | Rental Vehicle | Rental Fuel | NERV Fuel | Airline Tickets | Baggage Fees |
|------------------|---|---------|--------------------|----------------|-------------|-----------|-----------------|--------------|
| Friday 1/28/2022 | <input checked="" type="checkbox"/> --Choose Employee-- | 0.0     | 0.0                | 0.0            | 0.0         | 0.0       | 0.0             | 0.0          |

2. Type in the amounts to the appropriate fields of expenses acquired at the fire incident.

### Misc tab (Damage Claim)

Used for Damage Claims that requires a separate billing invoice and upload your PDF file attachment.

### Add Non-Employee Expense button (below example)

This is used for Equipment Fuel or Misc. expenses that doesn't involve employee expenses.

Expenses

FF Peter Brown Total Expenses

Meals & Incidentals POV Other Misc

☐ This is a Damage Claim

Expenses charged for multiple days on one receipt need to be allocated to the correct individual dates

| Date               | Description | Notes | Request # | Total |
|--------------------|-------------|-------|-----------|-------|
| Thursday 5/20/2021 |             |       |           | 0.0   |

Request Number \$0.00

Receipts - Misc Attach receipts, if applicable

None

Upload Documents (50 MB Max File Size)

Choose

### Damage Claims Instructions

Should be submitted on a separate FBS billing document in the Expense section/Misc. tab. Compensation for loss, damage, or destruction is at the discretion of the state even if they had 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 and copies of any paperwork submitted to the fire to obtain the S#
- Proof of insurance is needed when there is an deductible overage
- Personnel assigned to inoperable equipment are limited to 8 hours of compensation per shift unless otherwise dictated by Home Unit shift schedule.

### HELPFUL HINTS

- Upload your PDF file attachment found in the FBS Receipts – Misc box
- NOTE: If damage occurred on a team assignment, make sure you provide the documentation provided by the Compensation Claims Person, if possible.

### **Expense(s) Instructions**

*DFFM is governed by State Policy (Topic 50, Section 65 on Vendor and other Non-employee Travel). Stated meal allowance 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.*

**Meals:** Meal receipts do not need to be submitted with the invoice but kept on file by the 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 on a general message, CTR, or RO.
- No reimbursement for the first 12 hours of deployment for both In & 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.
- Reimbursed for actual cost or the Maximum Meal Rates per person whichever is less;
- 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.

**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 upload to the FBS billing invoice. Refer to pages 22 and 30 for U.S. General Services Administration (GSA) website address.

Within the State of Arizona:

- There is no resource order 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, 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 resource order 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: First calculate the percentage of tax rate 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 \$107.00. First, calculate the tax rate:  $\$12 \text{ tax} / 110\%$  (room rate as %) = 10.91%, then use the lodging allowance of  $\$107.00 \times 10.91\% = \$11.67 \text{ tax} + \$107.00 = \$118.67$  is the total to claim.
  - Hand write calculations on the lodging receipt(s) can be helpful to verify the math

### **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 letter. Located in the Billing Workbook material PDF file. [See page 37 & 38.](#)

### **FULL DAY MEAL BREAKDOWN**

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

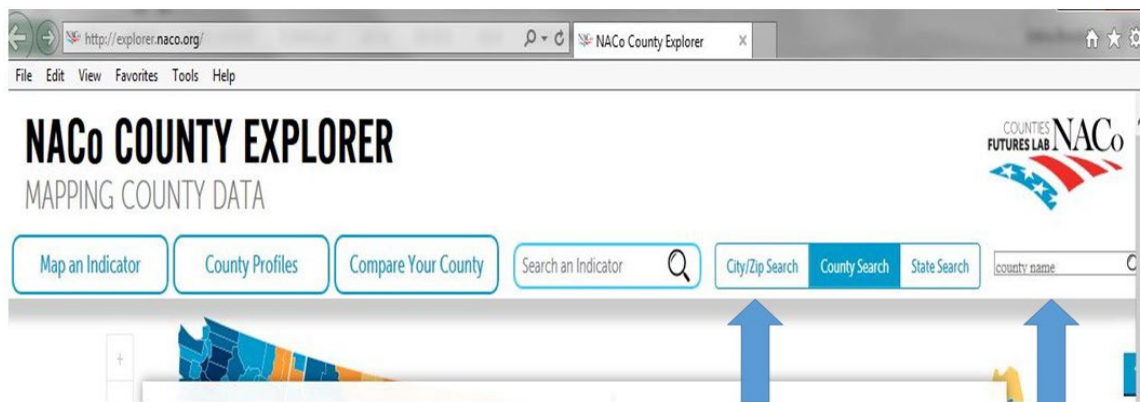
| Wildland Firefighting State<br>Comptroller Effective 07/22/24    |         |
|--|---------|
| Breakfast  | \$15.00 |
| Lunch  | \$18.00 |
| Dinner   | \$41.00 |
| Full day Rate  | \$74.00 |
| Departure & Return<br>Travel Day with Over-<br>Night Stay at 75% | \$55.50 |

### **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

## County Search: [Recommend to save to your smart phone.](#)

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



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

Enter City Name

## GSA Lodging Search:

[Caution: Use lodging rates, only. Recommend to save to your smart phone.](#)

### **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)

### **Helpful Hints for Travel**

- Lodging allowances listed do not include tax but Meal allowances are inclusive of tax and tip
- Lodging paid receipts must show the business address and phone numbers even for Airbnb receipts, which is a last resort when acquiring lodging
- 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 2024 Billing Workbook Material PDF file. Can be found in the [dffm.az.gov](http://dffm.az.gov) website
- DFFM suggest sharing rooms to mitigate lodging cost
- [See page 36 for helpful lodging and meals cheat sheet for wildland personnel](#)
- See examples of [lodging bills on pages 39 to 41](#) & [meal receipt on pages of 42 to 43](#) and [wildland callout program sheets to tape receipts of pages 44 to 48](#)



### **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, Late fees, etc. are not reimbursable.*

**Vehicle Type:** Should be 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/coverages is at the cooperator's expense.

- ✍ Detailed copy of rental vehicle plus applicable taxes and attach paid receipts
- ✍ Fuel purchased for rental car, attach receipts

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

#### **Travel to Airport**

- Personal Operated Vehicle (POV): only mileage at the current state mileage rate (65.5¢) 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:**

- For airport parking, choose economy, long term, off premises parking service by shuttle is to be chosen when available. You may park wherever it's convenient to do so, but will only be reimbursed the lesser of the actual amount incurred or \$6.50 and Tucson \$5.00 per day base parking charges.
- Agency vehicle: long-term parking will be reimbursed, while the daily rates or hourly rates do not apply
- For additional parking information refer to the State of Arizona's Topic 50, Section 95, Title 3. Airport Parking for maximum allowances
- Include paid receipt with invoice subject to allowances stated in above document.

#### **Airline Tickets & Baggage Claims**

- Include paid receipt(s) with invoice
- Personal extra airfare fees aren't reimbursable, e.g. preferred seating, extra main cabin, etc.

### **Supply Purchases and Services**

*Subject to state review*

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

## ADMINISTRATIVE FEE INSTRUCTIONS

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

- Rate: A flat percentage rate of 0.5% half of one percent (based on the total billing document amount) will automatically be applied to each standard billing document.
- No admin fee will be given for a damage claim billing document.
- Please remember that all submitted billing documents are required to be submitted as clean and accurate, therefore the admin fee will not be applied if the billing document is rejected by DFFM auditors three (3) times, regardless of the severity of issues.

## OVERVIEW SECTION

DFFM suggests logging in at least once a week to review the status of your reimbursement. You can review the “Bill” you are submitting by clicking on the “Bill” printer icon and the “Packet” button contains all of the uploaded attachments.

**Supporting Docs:** Go to this tab to upload your supporting documents in a PDF format, which the file max size is 50MB. Preferably, combine all attachments into one PDF file format. This will help audit your invoice quickly.

Bill ID: 2022-TST-0004  
Created: 2/6/22 11:10 MST by Christopher Budreski

Incident Info > Personnel/Equipment > Expenses > Overview

Summary Supporting Docs Approval History

None

Upload supporting Documents (50 MB Max File Size)

+ Choose

Packet Download Bill Print

Upload all the supporting documents in PDF.

Once you have completed your reimbursement, you can add comments and click “Approve”, then it would go your department Approver to review and approve the bill to route to the Billing Approver for DFFM Fire Fiscal office for processing.

Bill ID: 2022-TST-0004  
Created: 2/6/22 11:10 MST by Christopher Budreski

Incident Info > Personnel/Equipment > Expenses > Overview

Summary Supporting Docs Approval History

Comments

2. Add any comments that have unusual situations to help process your bill quickly.

By clicking Submit, I acknowledge that I have reviewed this invoice for accuracy.

Submit

1. Click on the Approval tab.

3. Click "Submit", this will route the bill to your department approver's queue.

You will be able to check the status in your queue at any time.

## Department Approver Role

This role is assigned by your department to either the Data Entry position or someone else in your department to review the bill prior to submitting to DFFM for final review/reimbursement. Once the Approver has approved the billing it is routed to Billing Approver (DFFM auditor), an alert notification will appear in the email icon.

Queue (1)

- Once a reimbursement is submitted, you cannot modify it unless you request for it to be returned to your queue.
- The DFFM Fire Fiscal office cannot modify your submitted reimbursement amounts. If there is any missing documentation or modifications are needed to correct entries, the reimbursement will be returned to your billing approver who will have to reject it with comments back to the data entry role for revisions, then to your queue.
- You will be able to check the status in your queue at any time.

| Type | Submitted | Created By                           | Name         | Request # | Assignment                    | Assigned To | Status   | Total   |      |
|------|-----------|--------------------------------------|--------------|-----------|-------------------------------|-------------|--|---------|------|
| F    | 12/29/21  | Lucy Ruiz<br>TESTING Fire Department | Gila Gravity |           | 1/29/21 - 1/29/21<br>(1 of 1) | Approver    | Approved by Data Entry (Lucy Ruiz, 12/29/2021) | \$60.00 | Edit |

Once a reimbursement request has been paid, you will see a “\$” sign next to the status.

## How to set up Alert Preferences

1. Select envelope located next to Role description
2. Select Settings

Alerts

Showing all alerts for the last 7 days...

No matching alerts...

Settings

Close

3. Below select which preferences you would like to receive and how.

## Alert Preferences

All FBS users can see alerts in the header by clicking on the envelope icon at the top-right. You can also opt in to receive text message and/or email alerts.

Text Message Alerts: ☒ enter cell phone #

Email Alerts: ☒ enter email

**Types**

☒ Rejected Bill

☒ Approved Bill

☒ Paid Bill

☐ CFRA Approval

☐ CFRA Pending Approval

☒ Release Notes

☒ FBS Scheduled Maintenance

Save cancel

### **GLOSSARY**

**Airport Travel:** Travel to and from airports in relation to an incident assignment is reimbursable. POVs and agency vehicles on a Cooperator's CFRA, left at the airport for the duration of the assignment will be reimbursed for the cost of long-term parking and mileage (State travel policy, Topic 50, Section 95, Title 3)

**Airport Parking:** No hourly/daily rate will be paid for POVs and AOVs left in airport parking. Economy, long-term, off-premise parking serviced by shuttle is to be chosen when available. The State will not reimburse upcharges for covered or inside parking.

**All-Inclusive Rates:** If agreed to by DFFM and the Cooperator and included on the CFRA, the Cooperator may charge an all-inclusive rate that would include the costs of equipment, personnel and backfill (as applicable). Cooperator agrees that the billing method included in the CFRA is binding for the years it is applicable and must be used unless the CFRA is amended. All-inclusive rates are daily rates and will be reimbursed as specified in section 3, sub-section (d). Staff utilized from another cooperator must bill the cooperator holding the equipment.

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

**Backfill Personnel:** 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.

**Duty Station:** The Duty Station for equipment and personnel is the place where that equipment or personnel is authorized by the cooperator to respond to/from incidents.

**Dry:** Equipment work rates does not include fuel.

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

**Home Unit:** The Home Unit for equipment and personnel is the place where that equipment or personnel is normally stationed. For personnel who do not have a normal place they are stationed, the Home Unit shall be 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 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 Number/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). *All items and services require a resource order number.*

**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.

**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 [AZ DFFM Supplemental Fire Department Resources Position Pay Rate Matrix](#) 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.

### **ACRONYMS**

A#: Aircraft Resource Order Number

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

FBS: Finance Business System

C#: Crew Resource Order Number

CDW: Collision Damage Waiver

CFRA: Cooperative Fire Rate Agreement



## AZ DFFM 2025 Cooperator's Manual

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CTR: Crew Time Reports

E#: Equipment Resource Order Number

EEST: Emergency Equipment Shift Tickets

ERE'S: Employer Related Expenses

FMO: Fire Management Officer

GARS: Government Administrative Rate Supplement

IBA: Incident Business Advisor

IROC: Interagency Resource Ordering Capability

IIBMH: Interagency Incident Business Management Handbook (AKA: NWCG 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

RO: Resource Order

S#: Supply Resource Order Number

SF: Standard Form

### **EXHIBITS:**

The following documents can be found on our website: <https://dffm.az.gov/fire/cooperators>

Invoice Form 2024 Workbook PDF:

3 Letter Identifiers

Annual Operating Plan (aka - General Provisions)

Meal Exception Letter

Need Help (contact information)

New Billing Document Check List

Summary of Emergency Equipment Shift Tickets (EEST)

Wildland Finance Paperwork Checklist

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

DFFM Supplemental Fire Department Resources Position Pay Rate Matrix

ICS 213= General Message

NWCG Memo 004-2009

OF-286 = Emergency Equipment – Use Invoice

OF-288 = Incident Time Report

OF-297 = Emergency Equipment Shift Ticket

SF-261 = Crew Time Report

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

State of Arizona Topic 50, Section 95, Maximum Mileage, Lodging, Meal, Parking and Incidental Expense-Reimbursement Rates.

State of Arizona Topic 50, Section 95, Title 3 Airport Parking

### **WEBSITES AND EMAIL ADDRESSES:**

Arizona Department of Forestry and Fire Management website: [dffm.az.gov](http://dffm.az.gov)

FBS Invoice Issues email: [fbs@dffm.az.gov](mailto:fbs@dffm.az.gov)

FBS Production website: [az.firebilling.org](http://az.firebilling.org)

AZ Incident Dispatch Center for resource orders - email: [aidclogistics@dffm.az.gov](mailto:aidclogistics@dffm.az.gov)

GSA Lodging Allowances website: [gsa.gov/travel/plan-book/per-diem-rates](http://gsa.gov/travel/plan-book/per-diem-rates)

GAO Meal Allowances website: [gao.az.gov/state-arizona-accounting-manual-saam](http://gao.az.gov/state-arizona-accounting-manual-saam) (Topic 50, Section 95)

County search website: [explorer.naco.org/#](http://explorer.naco.org/#)

NWCG Interagency Incident Business website: [nwcg.gov/sites/default/files/publications/pms902.pdf](http://nwcg.gov/sites/default/files/publications/pms902.pdf)

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

Direct Deposit: [gao.az.gov/afis/vendor-information](http://gao.az.gov/afis/vendor-information)

### **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)

### **DFFM Support and Services:**

Tom Vogt, Finance Administrator

[tvogt@dffm.az.gov](mailto:tvogt@dffm.az.gov)

Christopher Budreski, Auditor

[cbudreski@dffm.az.gov](mailto:cbudreski@dffm.az.gov)

480-790-1849

Lucy Ruiz, Auditor

[lruiz@dffm.az.gov](mailto:lruiz@dffm.az.gov)

602-206-6186

Shannon Kelly, Incident Business Manager

[skelly@dffm.az.gov](mailto:skelly@dffm.az.gov)

928-200-2900

Fire Department Change of Address:

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

### **Helpful checklist for Wildland Personnel (Recommended)**

[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.

## 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 to read when scanned from copy machine
- ☐ SF-261 Crew Time Reports (CTR) and OF-288 Incident Time Reports:
  - ☐ Time recorded in military time and to the nearest quarter hour
  - ☐ Travel time a must on CTRs written in remarks section, regardless an Incident Attack & less than 15 minutes away
  - ☐ Incident Time Report OF-288 with travel (T or TVL) on form when provided by the ICP
  - ☐ CTR: Ensure remarks of why breaks not taken over 08 hours – e.g., I.A., uncontrolled fire, mopping, etc.
  - ☐ Rehab start & end time at home station written on CTR: 01 hour for engines, tenders, & ambulances, kits (optional)
- ☐ OF-297 Emergency Equipment Shift Tickets (EESTs) and OF-286 Emergency Equipment – Use Invoice:
  - ☐ Daily time/Odometers readings for light vehicles and hourly time for the heavy equipment are written
  - ☐ POV(s) not on CFRA are only for transport To & From the airport. Odometer readings needed.
- ☐ OF-304 Emergency Equipment Fuel & Oil Issue Tickets: fuel obtain at Incident Command Post (ICP)/no credit card used
- ☐ Resource Order(s): For extended assignments, personnel must have subordinate numbers
- ☐ Lodging & Meals Travel Claim Receipts:
  - ☐ Paid Meal Receipts
  - ☐ Paid Lodging Receipts (zero balance): Print names of occupants of shared rooms
  - ☐ Are resource orders mentioning approval or being self-sufficient when campgrounds aren't provided?
- ☐ Rental Vehicle Detailed Invoice/Contract:
  - ☐ Extras *such as GPS, GARS, Satellite Radio fees, etc. are not reimbursable*
  - ☐ Additional insurances are not reimbursable. Exception is for Collision Damage Waiver (CDW) outside of Arizona
  - ☐ Fuel receipts
  - ☐ Are the rentals approved in the resource order?
- ☐ Misc. expenses - Airfare, Baggage, Shuttle Receipts, etc. Must show being paid.
- ☐ Damaged vehicles/Breakdowns- If damage was caused at the incident. **Note: In travel status to the incident or return back to home station are not reimbursable.** Ensure the following documentation is provided.
  - ☐ **Signed** Detailed Damage Claim Documentation of how, when, where, who, and why
  - ☐ Resource Order is a must have
  - ☐ Paid receipts for replacement and/or repair
  - ☐ Pictures of damage & Witness statements, if any
  - ☐ Copies of any paperwork submitted to the incident to obtain the S#

**Notes: Write any comments on any documents to help justify the costs being claimed. As soon as possible, when at the home station, then turn in the documents to your fire department's admin invoicing contact to expedite the billing process to DFFM.**

## CTR EXAMPLE

## CREW TIME REPORT (CTR) DOCUMENTS

Incident Name: Big BearFire Dept. Name: Smokey Bear F.D.

| CREW TIME REPORT                                    |                 |                                 |                |                 |                  |                      |                    |               |               |
|---|-----------------|---------------------------------|----------------|-----------------|------------------|----------------------|--------------------|---------------|---------------|
| (1) CREW NAME                                       | (2) CREW NUMBER | (3) OFFICE RESPONSIBLE FOR FIRE | (4) FIRE NAME  | (5) FIRE NUMBER | (6) RE-MARKS NO. | (7) NAME OF EMPLOYEE | (8) CLASSIFICATION | (9) DATE      | (10) DATE     |
|   |                 |                                 |                |                 |                  |                      |                    | Military Time | Military Time |
|   |                 |                                 |                |                 |                  |                      |                    | ON            | OFF           |
| 1   | JANE WHITE      | ENG3                            | 1500 2200 0600 | 2000            | (5)              |                      |                    |               |               |
| 2   | JOHN BROWN      | FFT1                            |                |                 |                  |                      |                    |               |               |
| 3   | RON DONNER      | FFT2                            |                |                 |                  |                      |                    |               |               |
| (11) REMARKS 1 = Travel 1430 - 2130                 |                 |                                 |                |                 |                  |                      |                    |               |               |
| 2 = Check-in 2130 - 2200                            |                 |                                 |                |                 |                  |                      |                    |               |               |
| 3 = No break due to 1A/Uncontrolled fire/Mopping    |                 |                                 |                |                 |                  |                      |                    |               |               |
| (12) OFFICER-IN-CHARGE (Signature) M. Smith         |                 |                                 |                |                 |                  |                      |                    |               |               |
| (13) TITLE (Officer-in-Charge) DVS                  |                 |                                 |                |                 |                  |                      |                    |               |               |
| (14) NAME (Person Posting to Emergency Time Report) |                 |                                 |                |                 |                  |                      |                    |               |               |
| (15) DATE 1/17/22                                   |                 |                                 |                |                 |                  |                      |                    |               |               |
| STANDARD FORM 261 (5/78)                            |                 |                                 |                |                 |                  |                      |                    |               |               |
| Prescribed by USDA-USDI (NWCG Handbook No. 2)       |                 |                                 |                |                 |                  |                      |                    |               |               |
| 261-101 PRINTED ON RECYCLED PAPER                   |                 |                                 |                |                 |                  |                      |                    |               |               |

| CREW TIME REPORT                                    |                 |                                 |                |                 |                  |                      |                    |               |               |
|---|-----------------|---------------------------------|----------------|-----------------|------------------|----------------------|--------------------|---------------|---------------|
| (1) CREW NAME                                       | (2) CREW NUMBER | (3) OFFICE RESPONSIBLE FOR FIRE | (4) FIRE NAME  | (5) FIRE NUMBER | (6) RE-MARKS NO. | (7) NAME OF EMPLOYEE | (8) CLASSIFICATION | (9) DATE      | (10) DATE     |
|   |                 |                                 |                |                 |                  |                      |                    | Military Time | Military Time |
|   |                 |                                 |                |                 |                  |                      |                    | ON            | OFF           |
| 1   | JANE WHITE      | ENG3                            | 0600 1200 0600 | 1100            | (3)              |                      |                    |               |               |
| 2   | JOHN BROWN      | FFT1                            | 1230 1900 1100 | 1200            | (4)              |                      |                    |               |               |
| 3   | RON DONNER      | FFT2                            | 1900 2200      |                 |                  |                      |                    |               |               |
| (11) REMARKS 1 = Break taken                        |                 |                                 |                |                 |                  |                      |                    |               |               |
| 2 = Check-out 1-18-22 1815-1900                     |                 |                                 |                |                 |                  |                      |                    |               |               |
| 3 = Travel 1-18-22 1900-2200                        |                 |                                 |                |                 |                  |                      |                    |               |               |
| 1-19-22 0600-1100                                   |                 |                                 |                |                 |                  |                      |                    |               |               |
| 4 = Rehab 1-19-22 1100-1200                         |                 |                                 |                |                 |                  |                      |                    |               |               |
| (12) OFFICER-IN-CHARGE (Signature) M. Smith         |                 |                                 |                |                 |                  |                      |                    |               |               |
| (13) TITLE (Officer-in-Charge) DVS                  |                 |                                 |                |                 |                  |                      |                    |               |               |
| (14) NAME (Person Posting to Emergency Time Report) |                 |                                 |                |                 |                  |                      |                    |               |               |
| (15) DATE 1/18/22                                   |                 |                                 |                |                 |                  |                      |                    |               |               |
| STANDARD FORM 261 (5/78)                            |                 |                                 |                |                 |                  |                      |                    |               |               |
| Prescribed by USDA-USDI (NWCG Handbook No. 2)       |                 |                                 |                |                 |                  |                      |                    |               |               |
| 261-101 PRINTED ON RECYCLED PAPER                   |                 |                                 |                |                 |                  |                      |                    |               |               |

WILDLAND CALLOUT PROGRAM



# AZ DFFM 2025 Cooperator's Manual

## EEST EXAMPLE

### EMERGENCY EQUIPMENT SHIFT TICKET (EEST) DOCUMENTS

Incident Name: Big Bear

Fire Dept. Name: Smokey Bear F.D.

| EMERGENCY EQUIPMENT SHIFT TICKET  |  |       |                                     |      |   |  |  |   |  |
|---|--|-------|-------------------------------------|------|---|--|--|---|--|
| NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.  |  |       |                                     |      |   |  |  |   |  |
| 1. AGREEMENT NUMBER<br>01-9992-22   |  |       |                                     |      | 2. CONTRACTOR (name)<br>SMOKEY BEAR FD E-3  |  |  |   |  |
| 3. INCIDENT OR PROJECT NAME<br>BIG BEAR/PNSB44  |  |       | 4. INCIDENT NUMBER<br>AZ-ADC-123456 |      | 5. OPERATOR (name)<br>JANE WHITE  |  |  |   |  |
| 6. EQUIPMENT MAKE<br>FORD   |  |       | 7. EQUIPMENT MODEL<br>F350, TYPE 6  |      | 8. OPERATOR FURNISHED BY<br><input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT                        |  |  |   |  |
| 9. SERIAL NUMBER<br>G-123SB/E844  |  |       | 10. LICENSE NUMBER<br>G-123SB/E844  |      | 11. OPERATING SUPPLIES FURNISHED BY<br><input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry) |  |  |   |  |
| 12. DATE<br>MO/DAY/YR   |  | START |                                     | STOP |   | 13. EQUIPMENT USE<br>(HOURS/DAYS/MILES (circle one))<br>WORK SPECIAL |  | 14. REMARKS (released, down time and cause, problems, etc.) |  |
| 1-16-22   |  | 1430  |                                     | 2200 |   | 7.5  |  | Travel 7 hours  |  |
| 1-17-22   |  | 0600  |                                     | 2200 |   | 16   |  | Check-In 2130-2200 = 30 mins. (.5 HR)                       |  |
| 15. EQUIPMENT STATUS<br><input checked="" type="checkbox"/> a. Inspected and under agreement<br><input type="checkbox"/> b. Released by Government<br><input type="checkbox"/> c. Withdrawn by Contractor |  |       |                                     |      | 16. INVOICE POSTED BY (Recorder's Initials)   |  |  |   |  |
| 17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE<br>Jane White  |  |       |                                     |      | 18. GOVERNMENT OFFICER'S SIGNATURE<br>M. Smith  |  |  | 19. DATE SIGNED<br>1/17/22                                  |  |

FINANCE

WILDLAND CALLOUT PROGRAM

| EMERGENCY EQUIPMENT SHIFT TICKET  |  |       |                                     |      |   |  |  |   |  |
|---|--|-------|-------------------------------------|------|---|--|--|---|--|
| NOTE: The responsible Government Officer will update this form each day or shift and make initial and final equipment inspections.  |  |       |                                     |      |   |  |  |   |  |
| 1. AGREEMENT NUMBER<br>01-9992-22   |  |       |                                     |      | 2. CONTRACTOR (name)<br>SMOKEY BEAR FD E-3  |  |  |   |  |
| 3. INCIDENT OR PROJECT NAME<br>BIG BEAR/PNSB44  |  |       | 4. INCIDENT NUMBER<br>AZ-ADC-123456 |      | 5. OPERATOR (name)<br>JANE WHITE  |  |  |   |  |
| 6. EQUIPMENT MAKE<br>FORD   |  |       | 7. EQUIPMENT MODEL<br>F350, TYPE 6  |      | 8. OPERATOR FURNISHED BY<br><input checked="" type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT                        |  |  |   |  |
| 9. SERIAL NUMBER<br>G-123SB/E844  |  |       | 10. LICENSE NUMBER<br>G-123SB/E844  |      | 11. OPERATING SUPPLIES FURNISHED BY<br><input checked="" type="checkbox"/> CONTRACTOR (wet) <input type="checkbox"/> GOVERNMENT (dry) |  |  |   |  |
| 12. DATE<br>MO/DAY/YR   |  | START |                                     | STOP |   | 13. EQUIPMENT USE<br>(HOURS/DAYS/MILES (circle one))<br>WORK SPECIAL |  | 14. REMARKS (released, down time and cause, problems, etc.) |  |
| 1-18-22   |  | 0600  |                                     | 1815 |   | 12.25  |  | 75 mins. Check-Out  |  |
|   |  | 1815  |                                     | 1900 |   | 3  |  | Travel  |  |
| 1-19-22   |  | 0600  |                                     | 1100 |   | 5  |  | Travel  |  |
| 15. EQUIPMENT STATUS<br><input checked="" type="checkbox"/> a. Inspected and under agreement<br><input type="checkbox"/> b. Released by Government<br><input type="checkbox"/> c. Withdrawn by Contractor |  |       |                                     |      | 16. INVOICE POSTED BY (Recorder's Initials)   |  |  |   |  |
| 17. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE<br>Jane White  |  |       |                                     |      | 18. GOVERNMENT OFFICER'S SIGNATURE<br>M. Smith  |  |  | 19. DATE SIGNED<br>1/18/22                                  |  |

FINANCE



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[illegible]

## AZ DFFM 2025 Cooperator's Manual

The 03 examples will help give a basic understanding how the various shifts are applied.

### THREE EXAMPLE TYPES OF WILDLAND WORK HOURS CALCULATORS

| WILDLAND WORK HOURS CALCULATOR |                         |                 |       |             |             |                         |                              |                                   |                |                 |                  |
|--------------------------------|-------------------------|-----------------|-------|-------------|-------------|-------------------------|------------------------------|-----------------------------------|----------------|-----------------|------------------|
| Incident Name/P Code:          |                         | BIG BEAR        |       |             |             | PNSB44                  |                              | SHIFT SCHEDULE: 8 TO 8/24HR SHIFT |                |                 |                  |
| Employee Name & Job Title      |                         | JANE WHITE / BC |       |             |             | REG HOURLY RATE         |                              | 26.0468                           |                |                 |                  |
| DATE                           | TIME<br>Enter colon (.) |                 | HOURS | REG<br>(ON) | OT<br>(OFF) | TVL, R&R,<br>Rehab, etc | BACKFILL NAME &<br>JOB TITLE | BACKFILL<br>HRS                   | RATE OF<br>PAY | DIFF-<br>ERENCE | TOTAL<br>OVERAGE |
| 1/16/2024                      | 14:30                   | 0:00            | 9.50  | 9.50        |             | TVL ENDED 2130          | Bob Moreno/BC                | 6.00                              | 46.4382        | 20.39           | 122.35           |
| 1/17/2024                      | 0:00                    | 8:00            | 8.00  | 8.00        |             |                         | Bob Moreno/BC                | 8.00                              | 46.4382        | 20.39           | 163.13           |
|                                | 8:00                    | 11:30           | 3.50  |             | 3.50        |                         |                              |                                   |                | 0.00            | 0.00             |
|                                | 12:00                   | 22:00           | 10.00 |             | 10.00       |                         |                              |                                   |                | 0.00            | 0.00             |
| 1/18/2024                      | 6:00                    | 8:00            | 2.00  |             | 2.00        |                         |                              |                                   |                | 0.00            | 0.00             |
|                                | 8:00                    | 0:00            | 16.00 | 16.00       |             | TVL started 1900        | Steve Stanley/CHIEF          | 24.00                             | 46.4382        | 20.39           | 489.39           |
| 1/19/2024                      | 0:00                    | 8:00            | 8.00  | 8.00        |             |                         | Exempt Reg rate \$58.4355    |                                   |                | 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                         |                         |                 | 61.00 | 41.50       | 19.50       |                         |                              | 38.00                             | GRAND TOTAL    |                 | 774.87           |

Jane White's normal shift schedule was on Jan 16 & 18

Use top rank classification when backfill rate exceeded

| WILDLAND WORK HOURS CALCULATOR |       |                   |       |          |                         |                          |                                   |              |             |             |               |
|--------------------------------|-------|-------------------|-------|----------|-------------------------|--------------------------|-----------------------------------|--------------|-------------|-------------|---------------|
| Incident Name/P Code:          |       | BIG BEAR          |       |          | PNSB44                  |                          | SHIFT SCHEDULE: 8 TO 8/24HR SHIFT |              |             |             |               |
| Employee Name & Job Title      |       | John Brown / CAPT |       |          | REG HOURLY RATE 24.7619 |                          |                                   |              |             |             |               |
| DATE                           | TIME  | Enter colon (:)   | HOURS | REG (ON) | OT (OFF)                | REMARKS, TVL, R&R, Rehab | BACKFILL NAME & JOB TITLE         | BACKFILL HRS | RATE OF PAY | DIFF-ERENCE | TOTAL OVERAGE |
| 1/16/2022                      | 14:30 | 22:00             | 7.50  |          | 7.50                    | TVL ENDED 2130           |                                   |              |             | 0.00        | 0.00          |
| 1/17/2022                      | 6:00  | 13:00             | 7.00  |          | 7.00                    |                          |                                   |              |             | 0.00        | 0.00          |
|                                | 13:30 | 22:00             | 8.50  |          | 8.50                    |                          |                                   |              |             | 0.00        | 0.00          |
| 1/18/2022                      | 6:00  | 12:00             | 6.00  |          | 6.00                    |                          |                                   |              |             | 0.00        | 0.00          |
|                                | 12:30 | 22:00             | 9.50  |          | 9.50                    | TVL started 1900         |                                   |              |             | 0.00        | 0.00          |
| 1/19/2022                      | 6:00  | 11:00             | 5.00  |          | 5.00                    | TVL ended 1100           |                                   |              |             | 0.00        | 0.00          |
|                                | 11:00 | 12:00             | 1.00  |          | 1.00                    | Rehab ended 1200         |                                   |              |             | 0.00        | 0.00          |
| TOTALS                         |       |                   | 44.50 | 0.00     | 44.50                   |                          |                                   | 0.00         | GRAND TOTAL |             | 0.00          |

All of the days John Brown worked were his normal shift days off- OT

| WILDLAND WORK HOURS CALCULATOR |          |          |                        |       |        |                  |                                   |          |             |        |         |
|--------------------------------|----------|----------|------------------------|-------|--------|------------------|-----------------------------------|----------|-------------|--------|---------|
| Incident Name/P Code:          |          | BIG BEAR |                        |       | PNSB44 |                  | SHIFT SCHEDULE: AD 40HRS/No shift |          |             |        |         |
| Employee Name & Job Title      |          |          | Ron Donner / VOLUNTEER |       |        | REG HOURLY RATE  |                                   |          |             |        |         |
| DATE                           | TIME     | Enter    | HOURS                  | REG   | OT     | REMARKS, TVL,    | BACKFILL NAME &                   | BACKFILL | RATE OF     | DIFF-  | TOTAL   |
|                                | colon (: | )        |                        | (ON)  | (OFF)  | R&R, Rehab       | JOB TITLE                         | HRS      | PAY         | ERENCE | OVERAGE |
| 1/16/2022                      | 14:30    | 22:00    | 7.50                   | 7.50  |        | TVL ENDED 2130   |                                   |          |             | 0.00   | 0.00    |
| 1/17/2022                      | 6:00     | 13:00    | 7.00                   | 7.00  |        |                  |                                   |          |             | 0.00   | 0.00    |
|                                | 13:30    | 22:00    | 8.50                   | 8.50  |        |                  |                                   |          |             | 0.00   | 0.00    |
| 1/18/2022                      | 6:00     | 12:00    | 6.00                   | 6.00  |        |                  |                                   |          |             | 0.00   | 0.00    |
|                                | 12:30    | 22:00    | 9.50                   | 9.50  |        | TVL started 1900 |                                   |          |             | 0.00   | 0.00    |
| 1/19/2022                      | 6:00     | 11:00    | 5.00                   | 1.50  | 3.50   | TVL ended 1100   |                                   |          |             | 0.00   | 0.00    |
|                                | 11:00    | 12:00    | 1.00                   |       | 1.00   | Rehab ended 1200 |                                   |          |             |        |         |
|                                |          |          | 0.00                   |       | 0.00   |                  |                                   |          |             | 0.00   | 0.00    |
| TOTALS                         |          |          | 44.50                  | 40.00 | 4.50   |                  |                                   | 0.00     | GRAND TOTAL |        | 0.00    |

Ron Donner is considered a SUPPLEMENTAL EMPLOYEE with the fire department and only works for the fire department for wildland

## AZ DFFM 2025 Cooperator's Manual

The helpful lodging and meals cheat sheet is for wildland personnel to take on an incident.

### **LODGING HELPFUL TIPS:**

For lodging allowances index refer to the U.S. General Services Administration website: [www.gsa.gov/travel/plan-book/per-diem-rates](http://www.gsa.gov/travel/plan-book/per-diem-rates).

Be sure to use the right lodging index for that particular receipt date(s) as the rates do change and prior indexes are kept in the GSA website.

Can't find the city in the GSA's Index? Go to [explorer.naco.org](http://explorer.naco.org) that will take you to the NACO website. NACO-County Lookup Website by City/Zip Search

Once arrived at incident and lodging or camping site is not provided written documentation must be included with travel claim.

When unable to find the city in the GSA lodging allowance rate schedule; then, write down the county name. If no county is found; then, write down the word 'Default'. At present the default rate is \$110.00

Lodging Allowances stated in the current Arizona State Rates do not include taxes and are not considered part of the allowance.

Lodging Allowances are based on per person, so if a room is shared, then the allowance would be the room rate times the number of personnel and have the occupant names printed on hotel folio receipt(s).

Did you exceed the allowance? If Yes, then only the maximum allowance plus applicable taxes should be shown on the travel claim. Refer to the invoicing instructions to figure the taxes.

Miscellaneous fees such as safe fees, movie rentals, etc. are NOT reimbursable.

Resort fees are considered part of room rates.

Lodging within Arizona requires documentation on resource order S# or a written approval by an Agency Rep (an email is acceptable).

Lodging out of Arizona, while in travel status does not require an S# or written approval.

Lodging receipt(s) must be submitted with travel claim.

### **MEAL HELPFUL TIPS:**

For meal allowances use the Special Meal Rates for Wildland Firefighters letter approved by the AZ State Comptroller.

No reimbursement for the 1st 12 hours of an incident. After 12 hours meals should be provided. **Meal allowances include taxes and gratuity.**

Departure and return travel days are based on 75% of the day rates that involve an overnight stay. 12 Hour rule still applies.

| Wildland Firefighting State Comptroller<br>Meal Rates Effective 7/22/24 |         |
|---|---------|
| Breakfast   | \$15.00 |
| Lunch   | \$18.00 |
| Dinner  | \$41.00 |
| Full Day Rate   | \$74.00 |
| Departure & Return Travel Day   | \$55.50 |

Any meals provided by ICP campgrounds, hotels, etc. should be deducted by using the meal allowance rate(s). For example: breakfast provided by the hotel is \$15 in Phoenix.

Meal allowances are based on per person for actual expenses. If exceeded, then claim the maximum allowance on travel claim.

Maximum gratuity is 20% of bill before taxes for sit-down meals.

**Out-of-State Incidents** : While in travel status no approval is required. Once at the incident, meals should be provided. If not provided, documentation as to the circumstances needs to accompany the invoice.

**Meal receipts do not need to be submitted with invoice . Keep receipts for a period of 05 years in case of audit.**

### **INCIDENTALS:**

Any tangible items for own personal use aren't considered incidentals: Clothes, Electronic Devices, Grooming Care, Prescriptions, etc.; will NOT be reimbursed. If incidentals are being claimed; then, the items must be deducted off the full meal costs.

### **Taping Documents**

Taping original color documents in groups onto a piece of paper: Shift Tickets, CTRs, etc. in chronological order will be legibly clear to read & will take less scanning.

# AZ DFFM 2025 Cooperator's Manual

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## AZ State Comptroller Special Meal Rates for Wildland Firefighter Personnel Letter



Katie Hobbs  
Governor

### Office of the State Forester Arizona Department of Forestry and Fire Management



Thomas A. Torres  
State Forester

July 22, 2024

Ashley Ruiz  
Assistant Director (Comptroller)  
Division of Business & Finance, General Accounting Office  
100 North 15<sup>th</sup> Avenue, Suite 302  
Phoenix, AZ 85007

RE: FY 2025 Special Meal Rates for Wildland Firefighter Personnel – Attachment 1

Arizona Department of Forestry and Fire Management (DFFM) wishes to gain approval for higher per meal allowances provided to those individuals involved with wildland fire pre-positioning and fire suppression activities during FY 2025.

The fire season is well underway in Arizona and to continue into and through FY 2025, and to adequately meet the nutritional needs of our firefighters, we request meal expense rates be set at (rounded to the nearest dollar):

- a. Breakfast - Maximum \$15 including appropriate tax and gratuity.
- b. Lunch - Maximum \$18 including appropriate tax and gratuity.
- d. Dinner - Maximum \$41 including appropriate tax and gratuity.

Wildland firefighters expend a great deal of energy and need sufficient nutrition to keep working day after day, especially during Arizona's excessive heat days. The United States Forest Service (USFS) guidelines for meals that individuals may require up to 6,000 calories per day as listed on the USFS website at <https://www.fs.usda.gov/t-d/pubs/htmlpubs/htm06512833/page01.htm>. The increased meal rate is to accommodate the necessary additional calorie intake as wildfire personnel burn calories at a substantially increased rate.

As other states send personnel to help with our wildfires, we also send personnel to wildfire disasters outside Arizona (note that all non-Arizona fire assignments are 100% reimbursable costs, typically thru the federal government). Contracted catering costs, which not only include the meals, but also additional costs including transportation, wash stations, extra water and the resources to deliver it all including the set up and tear down of all equipment, not to mention the added state personnel required to monitor the caterer and their personnel, which generally makes the full service catering costs to the state be more expensive than this requested individual meal rate exception.

Duty ♦ Respect ♦ Integrity

1110 West Washington Street, Suite 500 ♦ Phoenix, Arizona 85007 ♦ Main: (602) 771-1400 ♦ Fax: (602) 771-1421

June 25, 2024

Page 2

In 2019, for State Fiscal Year 2020, the wildfire daily meal maximum reimbursement rate exception, while on wildfire assignments, was raised from \$55 to \$60; note that \$55 was the AZ wildfire meal rate exception from FY 2016.

Please see Attachment 2 which shows the calculation for FY25 rates based on the Consumer Price Index for "food away from home" with actuals thru 2023, which based on prior Wildland Firefighter Meal Rate Exception Approval rate baseline year 2016 rate of \$55, calculates to \$74 (rounded to the nearest dollar) for FY25.


Therefore, we would like to request a **wildfire meal exception daily maximum rate of \$74**, for individuals; Arizona state wildfire personnel including state employees, fire crews' personnel and vendors (specifically fire department personnel) only while on wildfire assignments for the State of Arizona Department of Forestry and Fire Management during FY25, taking effect the date so approved by you.

Thank you for your timely consideration of this request.



# AZ DFFM 2025 Cooperator's Manual

## LODGING EXAMPLES



**Comfort Inn  
Las Vegas, NV**  
123 Nowhere St.  
Nowhere, NV 123456  
GMAZ126@choicehotels.com

Account: 471686543  
Date: 1/17/22  
Room: 309 gm  
Arrival Date: 1/16/22  
Departure Date: 1/17/22  
Check In Time: 10:00 PM M  
Check Out Time:  
Rewards Program ID:  
You were checked out by: 11:00 AM  
You were checked in by: hnicol0

**Jane White**

**Total Balance Due: 0.00**

| Post Date | Description       | Amount  |
|-----------|-------------------|---------|
| 1/16/22   | Room Charge       | 75.00   |
| 1/16/22   | Occupancy Tax     | 2.63    |
| 1/16/22   | City / County Tax | 2.06    |
| 1/16/22   | State Tax         | 4.20    |
| 1/17/22   | Visa Payment      | (83.89) |

Example of an itemized paid hotel bill.

XXXXXXXXXXXX0000


Folio Summary 1/28/16 7/10/16


|                     |             |
|---------------------|-------------|
| Room Charge         | 75.00       |
| State Tax           | 4.20        |
| City / County Tax   | 2.06        |
| Occupancy Tax       | 2.63        |
| Visa Payment        | (83.89)     |
| <b>Balance Due:</b> | <b>0.00</b> |

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

Thank you for your stay! Visit [Choicehotels.com/verified](http://Choicehotels.com/verified) reviews to post your comments about your recent experience. click on write a review button

For your convenience, we have prepared this zero-balance folio indicating a 0.00 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a 0.00 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.


*Jane White*



**Comfort Inn  
Las Vegas, NV**  
123 Nowhere St.  
Nowhere, NV 123456  
GMAZ126@choicehotels.com

Account: 471686541  
Date: 1/17/22  
Room: 315 gm  
Arrival Date: 1/16/22  
Departure Date: 1/17/22  
Check In Time: 10:00 PM M  
Check Out Time:  
Rewards Program ID:  
You were checked out by: 11:00 AM  
You were checked in by: hnicol0

**John Brown**

**Total Balance Due: 0.00**

| Post Date | Description       | Amount  |
|-----------|-------------------|---------|
| 1/16/22   | Room Charge       | 75.00   |
| 1/16/22   | Occupancy Tax     | 2.63    |
| 1/16/22   | City / County Tax | 2.06    |
| 1/16/22   | State Tax         | 4.20    |
| 1/17/22   | Visa Payment      | (83.89) |

When a room is shared. Write down the names of the occupants.

XXXXXXXXXXXX0000


Folio Summary 1/28/16 7/10/16

|                     |             |
|---------------------|-------------|
| Room Charge         | 75.00       |
| State Tax           | 4.20        |
| City / County Tax   | 2.06        |
| Occupancy Tax       | 2.63        |
| Visa Payment        | (83.89)     |
| <b>Balance Due:</b> | <b>0.00</b> |

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

Thank you for your stay! Visit [Choicehotels.com/verified](http://Choicehotels.com/verified) reviews to post your comments about your recent experience. click on write a review button

For your convenience, we have prepared this zero-balance folio indicating a 0.00 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a 0.00 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.


*John Brown  
& Ron Donner*

# AZ DFFM 2025 Cooperator's Manual

**Gold Pan Lodge**  
Redding, CA  
Phone: 530-283-3686 ; Fax: 530-283-0166

**Invoice**

Page: 1

|                             |                             |                     |                    |
|-----------------------------|-----------------------------|---------------------|--------------------|
| Guest Name : John Brown     |                             | Date : 1/18/22      |                    |
| Nationality : United States | No. of Pax : 1              | Adult Child : 2 / 0 | G.R. Card No : XXX |
| Date of Arrival : 1/17/22   | Date of Departure : 1/18/22 | Room No. : 129      | Tariff :           |
| Time of Arrival : 10:15 PM  | Time of Departure : 5:30 AM | Rate Type : DAILY   |                    |

| Particular                                   | Total     | Room Total |
|--|-----------|------------|
| Folio No. : 01234<br>Guest Name : John Brown |           |            |
| Room Charges                                 |           |            |
| Room Charge                                  | 150.00 \$ |            |
| Tax  | 13.50 \$  | 163.50 \$  |
| Other Charge                                 | 0.00 \$   |            |
| Other Charge Tax                             | 0.00 \$   | 0.00 \$    |
| Total Charge                                 | 163.50 \$ | 163.50 \$  |
| Less : Amount Paid                           |           | 0.00 \$    |

When a room is shared the room rate will be on a per person basis.

|               |         |
|---------------|---------|
| Flat Discount | 0.00 \$ |
| Adjustment    | 0.00 \$ |
| Balance       | 0.00 \$ |

This Folio is in : \$  
Bill To : John Brown  
Address :

Allow = 96  
x 2 persons  
#150 < \$192 OK

Thank you for your stay with us. Please visit us again.

NOTICE TO GUESTS: This property is privately owned and the management reserves the right to refuse service to anyone.

**Gold Pan Lodge**  
123 Nowhere St., Redding, CA  
Phone: 530-283-3686 ; Fax: 530-283-0166

**Invoice**

Page: 1

|                             |                             |                     |                    |
|-----------------------------|-----------------------------|---------------------|--------------------|
| Guest Name : Jane White     |                             | Date : 1/18/22      |                    |
| Nationality : United States | No. of Pax : 1              | Adult Child : 1 / 0 | G.R. Card No : XXX |
| Date of Arrival : 1/17/22   | Date of Departure : 1/18/22 | Room No. : 126      | Tariff :           |
| Time of Arrival : 10:15 PM  | Time of Departure : 5:30 AM | Rate Type : DAILY   |                    |

| Particular                                   | Total     | Room Total |
|--|-----------|------------|
| Folio No. : 23367<br>Guest Name : Jane White |           |            |
| Room Charges                                 |           |            |
| Room Charge                                  | 150.00 \$ |            |
| Tax  | 13.50 \$  | 163.50 \$  |
| Other Charge                                 | 0.00 \$   |            |
| Other Charge Tax                             | 0.00 \$   | 0.00 \$    |
| Total Charge                                 | 163.50 \$ | 163.50 \$  |
| Less : Amount Paid                           |           | 0.00 \$    |

Tax = 13.50  
Room = 150.00  
9%

When exceeding the lodging room rate allowance. Calculate the percentage of tax rate by dividing the \$13.50 tax by the room rate 150%= 9%. Then multiply 9% tax rate by the \$96 lodging allowance, which equals new tax of \$8.64 plus \$96 allowance = \$104.64 for the total reimbursement.

|               |         |
|---------------|---------|
| Flat Discount | 0.00 \$ |
| Adjustment    | 0.00 \$ |
| Balance       | 0.00 \$ |

This Folio is in : \$  
Bill To : Jane White  
Address :

Allow = \$96.00  
x 9% = 8.64  
104.64

Thank you for your stay with us. Please visit us again.

NOTICE TO GUESTS: This property is privately owned and the management reserves the right to refuse service to anyone.



# AZ DFFM 2025 Cooperator's Manual



Comfort Inn  
123 Nowhere St.  
Kingman, AZ

GM.AZ126@choicohotels.com

Account: xxxxxx  
Date: 1/18/16  
Room: 210 SGM  
Arrival Date: 1/18/2 2  
Departure Date: 1/19/2 2  
Check In Time: 9:54 PM  
Check Out Time: 11:00 AM  
Rewards Program ID:  
You were checked out by: db  
You were checked in by: hnicol0  
Total Balance Due: 0.00

Jane White

| Post Date | Description       | Amount  |
|-----------|-------------------|---------|
| 1/18/ 2 2 | Room Charge       | 75.00   |
| 1/18/ 2 2 | Occupancy Tax     | 2.63    |
| 1/18/ 2 2 | City / County Tax | 2.06    |
| 1/18/ 2 2 | State Tax         | 4.20    |
| 1/19/ 2 2 | Visa Payment      | (83.89) |

XXXXXXXXXXXX

|                   |         |
|-------------------|---------|
| Room Charge       | 75.00   |
| State Tax         | 4.20    |
| City / County Tax | 2.06    |
| Occupancy Tax     | 2.63    |
| Visa Payment      | (83.89) |

Under the \$96.00 room rate for one person.

Balance Due: 0.00

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

Thank you for your stay! Visit [choicohotels.com/verified-reviews](http://choicohotels.com/verified-reviews) to post your comments about your recent experience. Click on write a review button

For your convenience, we have prepared this zero-balance folio indicating a 0.00 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a 0.00 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.



*Jane White*

OK



Comfort Inn  
123 Nowhere ST.  
Kingman, AZ

GM.AZ126@choicohotels.com

Account: xxxxxx  
Date: 1/18/22  
Room: 223 SGM  
Arrival Date: 1/18/22  
Departure Date: 1/19/22  
Check In Time: 9:54 PM  
Check Out Time: 11:00 AM  
Rewards Program ID:  
You were checked out by: db  
You were checked in by: hnicol0  
Total Balance Due: 0.00

John Brown

| Post Date | Description       | Amount  |
|-----------|-------------------|---------|
| 1/18/22   | Room Charge       | 75.00   |
| 1/18/22   | Occupancy Tax     | 2.63    |
| 1/18/22   | City / County Tax | 2.06    |
| 1/18/22   | State Tax         | 4.20    |
| 1/19/22   | Visa Payment      | (83.89) |

XXXXXXXXXXXX0000

|                   |         |
|-------------------|---------|
| Room Charge       | 75.00   |
| State Tax         | 4.20    |
| City / County Tax | 2.06    |
| Occupancy Tax     | 2.63    |
| Visa Payment      | (83.89) |

Under the \$96.00 room rate for a shared room.

Balance Due: 0.00

This rate is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

Thank you for your stay! Visit [choicohotels.com/verified-reviews](http://choicohotels.com/verified-reviews) to post your comments about your recent experience. Click on write a review button

For your convenience, we have prepared this zero-balance folio indicating a 0.00 balance on your account. Please be advised that any charges not reflected on this folio will be charged to the credit card on file with the hotel. While this folio reflects a 0.00 balance, your credit card may not be charged until after your departure. You are ultimately responsible for paying all of your folio charges in full.



*John Brown & Ron Danner*

OK

# AZ DFFM 2025 Cooperator's Manual

## MEAL RECEIPTS EXAMPLES

### MEAL & OTHER RECEIPTS


Fire Dept. Name: Smokey Bear

Incident Name: Big Bear

Type of Receipt: \*KEEP RECEIPTS OF THE SAME TYPE TOGETHER AND LIST SEQUENTIALLY\*

MEAL RECEIPTS ☒ OTHER ☐

Meals receipts do not need to be provided, but kept in your records for 05 years.

| SPARKYS RESTAURANT LLC                    |               | Burger King   |  |
|---|---------------|---|--|
| 116 FRANKLIN ST                           |               | #9584   |  |
| www.sparkysburgers.com                    |               |  |  |
| ORDER: 24                                 |               |   |  |
| Cashier: Bandy                            |               |   |  |
| 16 Jan 22                                 |               |   |  |
| Transaction 117385                        |               |   |  |
| 3 World Famous                            | \$14.98       |   |  |
|   | Medium \$0.00 |   |  |
|   | Fries \$0.00  |   |  |
| 3 Soda-Tea                                | \$3.98        |   |  |
| Subtotal                                  | 56.88         |   |  |
| Tax                                       | 4.55          |   |  |
| CREDIT CARD AUTH                          |               | 61.43   |  |
| VISA 8888                                 |               |   |  |
| Tip                                       |               |   |  |
| Total                                     |               |   |  |
| Retain this copy for statement validation |               |   |  |
| Order 88888888                            |               |   |  |
| Thank You! Come back soon!                |               |   |  |
|   |               | SUBTOTAL 18.75  |  |
|   |               | Tax 7.06% TA 1.32   |  |
|   |               | TOTAL 20.07   |  |
|   |               | CREDIT CARD 20.07   |  |
|   |               | CHANGE 0.00   |  |
|   |               | TOTAL CHARGE 20.07  |  |
|   |               | Visa  |  |
|   |               | AcctNum: XXXXXX XXXX XXXX   |  |
|   |               | Auth: 088888  |  |
|   |               | RefNum: 000888  |  |
|   |               | Merchant Id: 23456789   |  |
|   |               | RETAIN THIS COPY FOR YOUR RECORDS   |  |
|   |               | CUSTOMER COPY   |  |
|   |               | Survey Code: 1111-1111-1111-1111  |  |
|   |               | HOW WAS YOUR VISIT?   |  |
|   |               | OUR GOAL IS YOUR SATISFACTION   |  |
|   |               | Sat Jan 17 2022 6:00 AM T=00L I=3 C=300   |  |

TAPE RECEIPTS HERE IN BOX / List Sequentially by Date

NOTE: Keep Meal Receipts records in office for 05 years. DO NOT email with invoice packet. Refer to the Cooperator's Invoicing Instructions for meals on page 17. Per the CFRA General Provisions doesn't reimburse apparatus fuel.

WILDLAND FIRE CALLOUT PROGRAM



# AZ DFFM 2025 Cooperator's Manual

## MEAL & OTHER RECEIPTS

Fire Dept. Name: Smokey Bear

Incident Name: Big Bear

Type of Receipt: \*KEEP RECEIPTS OF THE SAME TYPE TOGETHER AND LIST SEQUENTIALLY\*

MEAL RECEIPTS ☒ OTHER ☐

Figuring the gratuity. 20% is the maximum to give.

Denny's  
Kingman, AZ

304

sale

xxxxxx00005732  
VISA

Amount: \$ 49.33  
Tip: \$ 12.33  
Total: \$ 62.21

1/18/22  
Tracell, xxxxx  
Approved: Online

10:30 PM  
Order Code: 018855  
Batch: 010020

APPROVED 00000

Customer Copy  
THANK YOU

EXCESS MAX

20% = 9.87  
59.20

BUY ONE GET ONE FREE QUARTER POUNDER  
W/CHEESE OR EGG McMUFFIN  
Go to [www.mcdvoice.com](http://www.mcdvoice.com) within 7 days  
and tell us about your visit.  
Validation Code: \_\_\_\_\_  
Expires 30 days after receipt date.  
Valid at participating US McDonald's  
Kingman, AZ

!!! THANK YOU !!!

KS# 3 Jan 19'22 (Thu) 05:45

MFY STOE 1 KVS Order 04

| QTY | ITEM           | TOTAL |
|-----|----------------|-------|
| 1   | L Iced Coffee  | 2.99  |
| 3   | Egg McMuffin   | 8.97  |
| 2   | Sorbs          | 2.58  |
|     | Subtotal       | 14.54 |
|     | Tax            | 1.09  |
|     | Take-Out Total | 15.63 |
|     | Cashless       | 15.63 |
|     | Change         |       |

MERN 26806201  
CARD ISSUER ACCOUNT#  
Master SALE \*\*\*\*\*1XXXXX  
AUTHORIZATION CODE - 000000  
SEQ# 427233

TAPE RECEIPTS HERE IN BOX / List. McDonald's Restaurant

NOTE: Keep Meal Receipts records in office for 05 years. DO NOT email with invoice packet. Refer to the Cooperator's Invoicing Instructions for meals on page 17. Per the CFRA General Provisions doesn't reimburse apparatus fuel.

WILDLAND FIRE CALLOUT PROGRAM



## AZ DFFM 2025 Cooperator's Manual

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Double click on the thumbtack attachment icon to bring up the full callout page below to print.  
Landscape view.



### **CREW TIME REPORT (CTR) DOCUMENTS**

Fire Dept. Name: \_\_\_\_\_ Incident Name: \_\_\_\_\_

|   |   |
|---|---|
| <p>Tape in box/ List Sequentially by Date</p> | <p>Tape in box/ List Sequentially by Date</p> |
|---|---|

WILDLAND CALLOUT PROGRAM

Double click on the thumbtack attachment icon to bring up the full callout page below to print.  
Landscape view.



**EMERGENCY EQUIPMENT SHIFT TICKET (EEST) DOCUMENTS**

Fire Dept. Name: \_\_\_\_\_ Incident Name: \_\_\_\_\_

|   |   |
|---|---|
| <p>Tape in box/ List Sequentially by Date</p> | <p>Tape in box/ List Sequentially by Date</p> |
|---|---|

WILDLAND CALLOUT PROGRAM

## AZ DFFM 2025 Cooperator's Manual

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Double click on the thumbtack attachment icon to bring up the full callout page below to print.  
Landscape view.



### **EMERGENCY EQUIPMENT FUEL AND OIL ISSUE DOCUMENTS**

Fire Dept. Name: \_\_\_\_\_ Incident Name: \_\_\_\_\_

|   |   |
|---|---|
| <p>Tape in box/ List Sequentially by Date</p> | <p>Tape in box/ List Sequentially by Date</p> |
|---|---|

WILDLAND CALLOUT PROGRAM

## AZ DFFM 2025 Cooperator's Manual

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Double click on the thumbtack attachment icon to bring up the full callout page below to print.  
Portrait view.



### **MEAL & OTHER RECEIPTS**

**Fire Dept. Name:** \_\_\_\_\_

**Incident Name:** \_\_\_\_\_

**Type of Receipt:** \*KEEP RECEIPTS OF THE SAME TYPE TOGETHER AND LIST SEQUENTIALLY\*

MEAL RECEIPTS ☐ OTHER ☐

***TAPE RECEIPTS HERE IN BOX / List Sequentially by Date***

**NOTE:** Keep Meal Receipts records in office for 05 years. DO NOT email with invoice packet. Refer to the Cooperator's Invoicing Instructions for meals on page 17. Per the CFRA General Provisions doesn't reimburse apparatus fuel.

WILDLAND FIRE CALLOUT PROGRAM

## AZ DFFM 2025 Cooperator's Manual

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Double click on the thumbtack attachment icon to bring up the full callout page below to print.  
Portrait view.



### **BAGGAGE / RENTAL FUEL / OTHER RECEIPTS**

**Fire Dept. Name:** \_\_\_\_\_

**Incident Name:** \_\_\_\_\_

**TYPE OF RECEIPT: \*KEEP RECEIPTS OF THE SAME TYPE TOGETHER AND LIST SEQUENTIALLY\***

BAGGAGE ☐ RENTAL FUEL ☐ OTHER ☐

***TAPE RECEIPTS HERE IN BOX / List Sequentially by Date***

**RECEIPT #'s:** \_\_\_\_\_

**NOTE:** Rental, Airline, and Motel receipts are typically single-sheet (8.5" x 11") and can be turned in as stand-alone documents. If they are smaller, attach to this sheet and indicate OTHER

WILDLAND FIRE CALLOUT PROGRAM



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