

CREW TIME REPORT

(1) CREW NAME				(2) CREW NUMBER			
				O-			
(3) OFFICE RESPONSIBLE F		(4) FIRE NAME		(5) FIRE NUMBER			
(6)	(7)	(8)	(9)		(10)		
RE-MARKS NO.	NAME OF EMPLOYEE	CLASS IF- ICATIO N	DATE		DATE		
			MILITARY TIME		MILITARY TIME		
			ON	OFF	ON	OFF	
(11) REMARKS							
(12) OFFICER-IN-CHARGE (Signature)			(13) TITLE (Officer-in-Charge)				
(14) NAME (Person Posting to Emergency Time Report)					(15) DATE		

Air Attack Daily Cost Summary

Date	//2013			
Incident Name				Key to Shading
				One time
				Daily
				Calculated
Contractor Name-#	xx			
Incident Number (job code)	xx			
Aircraft Number	N			

	Daily Variables	Rates	Costs
Guaranteed Hours		\$0.00	\$0.00
Flight Hours	0.0	\$1.00	\$0.00
Standby Hours	0.0	\$1.00	\$0.00
No. persons receiving per diem	1	\$123.00	\$123.00
Pilot duty Hours		\$0.00	\$0.00
Sub- Total			\$123.00
Federal Excise Tax (If applicable)			
Other approved expenses			
Total Cost			\$123.00

Remarks:			
	Start	End	Decimal Hrs
Duty Period	800	2000	12.0
Hobbs meter readings	0	0	0.0
Standby hours			

Prepared by: Xxxx Xxxxxx - ATGS **Phone (xxx) xxx-xxxx**

