DEPARTMENT OF HOMELAND SECURITY

## Federal Emergency Management Agency FORCE ACCOUNT LABOR SUMMARY

PAGE

OF

O.M.B. Control Number: 1660-0017

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APPLICANT							P	PROJECT #		DISASTER			
LOCATION/SITE							C	CATEGORY		PERIOD COVERING			
DESCRIPTION OF WORK PERFORMED	D												
NAME	D/	DATES AND HOURS WORKED EACH WEEK						COSTS					
JOB TITLE	DATE							TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY RATE	TOTAL COSTS	
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FEMA Form 009-0-123

## PREVIOUS EDITION OBSOLETE