## DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency

## MISSION ASSIGNMENT REIMBURSEMENT REQUEST TRANSMITTAL FORM

| Section I: Agency Submission   |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| Agency:  | Current Bill Amount:  |  |  |  |  |  |  |
| Address:   | Fiscal POC:   |  |  |  |  |  |  |
| 7 Address.   | Phone Number:   |  |  |  |  |  |  |
| Agency Location Code:  | POC E-mail Address:   |  |  |  |  |  |  |
| Agency Bill Number: Mission Assignment Number:   |   |  |  |  |  |  |  |
| Mission Description: (Statement of Work)   |   |  |  |  |  |  |  |
| Please indicate bill type:   | Re-submitted Bill Final Bill (No further obligations pending)   |  |  |  |  |  |  |
| NOTE: Expenditures claimed have been reviewed and are relevated documents maintained by this agency, and are not funded by another               | ant to the mission assigned. Costs are reasonable, supported by source er source. (Include applicable signatures) |  |  |  |  |  |  |
| Primary Agency Project/Program Administrator   | Date Phone Number   |  |  |  |  |  |  |
| Support (Sub-Task) Agency Project/Program Administrator  | Date Phone Number  DRAFT NOT  |  |  |  |  |  |  |
| Primary Agency Financial Officer   | Phone Number  FOR  USE  |  |  |  |  |  |  |
| Support (Sub-Task) Agency Financial Officer  | Date Phone Number   |  |  |  |  |  |  |
| For additional information, refer to: <u>National Response Framework (NRF)</u>   |   |  |  |  |  |  |  |
| Section II: FEMA Use Only  |   |  |  |  |  |  |  |
| F  | yment Amount Approved:  |  |  |  |  |  |  |
|  | sallowed Amount (if any):   |  |  |  |  |  |  |
| FFC POC:   | State Cost Share %:   |  |  |  |  |  |  |
|  | State Cost Share Amount:  |  |  |  |  |  |  |
| Routing  | Signature and Date  |  |  |  |  |  |  |
| Project Manager (PM)   |   |  |  |  |  |  |  |
| Mission Assignment Manager (MAMG)  |   |  |  |  |  |  |  |
| In accordance with the Personal Property Manual (FEMA Manual 119-7-1), does the MAMG need  Yes No  onotify logistics of property item(s) billed? |   |  |  |  |  |  |  |
| Federal Approving Official (FAO)/Disaster Recovery Manager (DRM)   |   |  |  |  |  |  |  |
| See page 2 for continuation sheet and break-out by sub-object class code.  |   |  |  |  |  |  |  |

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| Section III: Billing Details  |          |      |                      |                                       |           |  |  |
|---|----------|------|----------------------|---------------------------------------|-----------|--|--|
| Agency Bill Number:   | A        | moun | t Previously Billed: | ly Billed:                            |           |  |  |
| Total MA Obligation:  |          |      | ent Billed Amount:   | · · · · · · · · · · · · · · · · · · · |           |  |  |
| Total Wir Cobligation.  |          |      |                      |                                       |           |  |  |
| Total Billed to Date:   |          |      |                      |                                       |           |  |  |
| Current Charges   |          |      |                      |                                       | \$ Amount |  |  |
| Regular Hours (Non-appropriated <b>only</b> )   |          |      |                      |                                       |           |  |  |
| Overtime or Premium pay hours   |          |      |                      |                                       |           |  |  |
| 11xx Non-appropriated Wages, Overtime (OT), and Premium Pay   |          |      |                      |                                       |           |  |  |
| 21xx Travel of Persons  |          |      |                      |                                       |           |  |  |
| 22xx Transportation of  | Things   |      |                      |                                       |           |  |  |
| 25xx Service Contract   | 3        |      |                      |                                       |           |  |  |
| Work Performed by Other Federal Agencies (sub-task): (Please list agencies below)   |          |      |                      |                                       |           |  |  |
| 25xx Equipment Lease Contracts  |          |      |                      |                                       |           |  |  |
| 26xx Supplies/Materia   |          |      |                      |                                       |           |  |  |
| 31xx Equipment  | <u> </u> |      |                      |                                       |           |  |  |
| Overhead/Indirect Cos   | t R      | ate: |                      |                                       |           |  |  |
| Other (Please include   |          |      |                      |                                       |           |  |  |
| FOR USE   |          |      |                      |                                       |           |  |  |
| Total Amount Billed:  |          |      |                      |                                       |           |  |  |
| Regular labor (salary) of permanent federal agency personnel and associated overhead costs are not eligible for reimbursement except when costs incurred would normally be paid from a trust, revolving, or other fund whose reimbursement is required by law. The Financial Manager of the agency requesting reimbursement for these costs must provide written certification with the bill stating that costs would normally be paid from a trust, revolving, or other fund.  Indirect costs must be defined and approved in advance. |          |      |                      |                                       |           |  |  |
|   |          |      |                      |                                       |           |  |  |
|   |          |      |                      |                                       |           |  |  |

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