DEPARTMENT OF HOMELAND SECURITY

## Federal Emergency Management Agency

## MATERIALS SUMMARY RECORD

PAGE

OF

OMB. Control Number: 1660-0017

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maintaining the data needed, and completin regarding the accuracy of the burden estimated	PAPER on is estimated to average .5 hours per respor g and submitting this form. You are not requir ate and any suggestions for reducing the burde \$100, Paperwork Reduction Project (1660-001	ed to respond to this en to: Information C	timates incl s collection ollections N	udes time for reviewing of information unless Management, Departm	a valid OMB contro ent of Homeland S	ol number is displa Security, Federal E	ayed on this form.	Send comments	
APPLICANT		PA ID #.		PROJECT #.		DISASTER			
LOCATION/SITE	CATEGORY			PERIOD COVERING					
DESCRIPTION OF WORK PERFORMED									
VENDOR	DESCRIPTION	QUAN.	UNIT PRICE		DATE PURCHASED	DATE USED	INFO FROM (CHECK ONE) INVOICE STOCK		
	GRAND TOTAL	1							
CERTIFIED		TITLE	TITLE				DATE		