STATE MUTUAL AID REIMBURSEMENT FORM GUIDE
## TEXAS DIVISION OF EMERGENCY MANAGEMENT

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Introduction

The **State Mutual Aid Reimbursement Form** serves as a payment of funds request form for mutual aid costs incurred as a result of an incident or disaster. This is an interactive, dynamic form meaning the form adapts and changes based on the information you input. Almost the entire form is automated, as well, allowing for automatic calculations and copying to the requisite backup documentation. You will only be prompted for additional information when your selection warrants it.

Instruction Requirements to Review Before you Begin

Before you start filling out the State Mutual Aid Reimbursement Request Form, please follow the instructions below.

1) If you are prompted with the following message, please click **Enable Content** or the form will not work.

> ⚠ **SECURITY WARNING** Macros have been disabled.   [Enable Content]
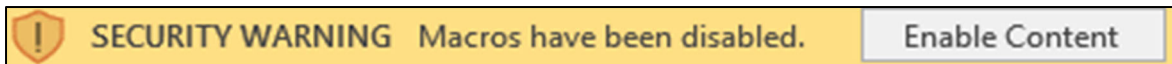
2) Throughout using the tool, you'll see video links off to the right side of the **Input Form** tab to assist you with completing any relevant sections. See the example of the tutorial links below to locate them on the **Input Form** tab or use the tutorial links in the Reference Documents section in this document.

Force Account Labor - labor costs incurred related to the work performed by the applicant's personnel (force account)	Force Account Labor	Tutorial - Labor Tab
Travel - deployment travel costs incurred	Travel	Tutorial - Travel Tab
Group Meals - costs incurred for meals that include 2 or more deployed personnel	Group Meals	Tutorial - Group Meals Tab
Force Account Equipment - costs incurred related to the usage of applicant-owned (force account) equipment	Force Account Equipment	Tutorial - Equipment Tab
Materials - costs incurred for supplies taken from stock/inventory or supplies that have been purchased	Materials	Tutorial - Materials Tab
Rental - costs incurred related to the renting/leasing of equipment	Rental	Tutorial - Rental Tab
Contract - costs incurred for contracted services performed	Contract	Tutorial - Contract Tab

3) Save the file immediately. These forms can be very data-entry intensive, and you certainly don't want to lose that information, so go ahead and create a save now so that Autosave will continually run. Also don't forget to manually save frequently so you don't lose your work.

4) Do not delete or insert rows, columns, or sheets as the form will not function properly.

Input Form

Step 1: General Information

1) Enter your **Applicant Name** as it appears on the Direct Deposit Authorization form.
2) Enter the **Incident / Event** name as it appears on the State of Texas Assistance Request (STAR) form.
3) Choose the **Category** of work. The choices are:
   a. **Category B - Emergency Protective Measures**: This includes search and rescue, shelter operations, mass feeding, emergency medical services, evacuation, reentry efforts, traffic

control and securing equipment and facilities against disaster damage.

b. **Category H - Fire Management**: Aid with the mitigation, management, and control of fires burning on publicly or privately-owned forests or grasslands that would constitute a major disaster. The category covers fire-related activities - firefighting, support services, pre-positioning resources for up to 21 days, evacuations, sheltering, traffic control, emergency operations centers, and temporary repairs of damage caused by firefighting activities.

4) Enter the **Period Covering** dates with a start and end date that encompass all dates being claimed.

5) Choose the **Response Type**. Note that the form automatically adapts to the required documentation based on the selection you make. The options are:

a. ASRT - Animal Services Response Team
b. EMAC - Emergency Management Assistance Compact
c. EOC - Emergency Operations Center
d. E-SHELTER - Shelter for Evacuees
e. FUEL - Remote Fueling Facility
f. IMT - Incident Management Team
g. MCP - Mobile Command Post
h. Law Enforcement - State Troopers, Police, Sheriff, and Constable
i. PWRT - Public Works Response Team
j. R-SHELTER - Shelter for First Responders
k. TERT - Telecommunication Emergency Response Taskforce
l. DRTF – Disaster Recovery Task Force
m. TIFMAS - Texas Intrastate Fire Mutual Aid System
n. TTF1 - Texas Taskforce One
o. TTF2 - Texas Taskforce Two

6) Enter the Location/Site that the work was performed during the event. Note: Be sure to include the specific county name.

7) Enter a brief **Description** of the work performed. Note: Be sure to include the specific fire name.

Step 2: Contact Information

In this section, simply fill out the contact information for your organization. The Primary Point of Contact can be anyone from an Administrative Assistant to the department's Chief. This is the person who filled out the paperwork and can answer specific questions about the packet.

> **Tip** When completing the Contact Information section, please be sure to complete as many of these fields as possible. This is important to ensure there's always a point of contact available.

Step 3: Reimbursement Cost Types

Here you will choose all the types of reimbursement you are requesting. Click the dropdown box next to each individual category and change the box to read "Yes" for each of work type that will be included. The form will adapt to require only data entry of the items you've selected "Yes" on.

From this point on, the form will look different based on the selections you've input. Please navigate to the respective section for a guide on how to complete it.

STOP — **Beyond this point, the Step Numbers will vary based on the choices you've made in Step 3. Therefore, the Step Numbers may include more than one number.**

Step 4: Payroll Information (this section will only appear if you have Labor costs)

General

Numbers 1-5 are optional fields, but it is strongly encouraged (when applicable) to complete them in order to populate the correct data and assist in the review process.

1) Enter the default number of **work hours** per year your employees work.
2) Enter the number of **pay periods** per year.
3) Enter the number of **regular hours** in a single pay period.
4) Enter the number of **hours worked before overtime** goes into effect. (For example, 40 hours.)
5) If there are **"built-in" overtime hours**, use the dropdown box to select "Yes;" otherwise, choose "No" or "N/A."
   a. If you chose "Yes," please enter an **explanation** of how your "build-in overtime" hours work.

Pay Types

1) If you are claiming any nontraditional pay types, choose "Yes" in this box. Non-traditional pay types are those outside of: Regular Time, Overtime, Overtime at Regular Time, and Step Up.
   a. If you have selected "No" continue on to **Personnel Information** below.
   b. If you have selected "Yes", please enter all pay types being claimed. Be sure to include any traditional pay types being claimed as well. The pay types entered will show up later as options for you when completing the Labor sections.

Personnel Information

1) If you currently utilize a **shift schedule**, choose "Yes" in this box.
2) If you are requesting reimbursement for **portal-to-portal compensation** choose "Yes"; otherwise choose "No". Portal-to-portal refers to an employee being on the clock from the start of deployment to the end of deployment.
   a. If you have chosen "Yes", an additional question will pop up asking whether you are requesting reimbursement for any **deployed employees that are not portal-to-portal**. Note: This does not apply to backfill. Again, choose "Yes" or "No".
3) Answer "Yes" or "No" as to whether any of your employees received a **pay increase or decrease** during their deployment. Note: Your response will directly impact the items you will need to complete on the Hourly Rates tab.
4) If you are claiming **fringe benefits** for reimbursement, choose "Yes" otherwise select "No".
   a. If you have chosen "Yes" you will be prompted to answer as to whether there were **increases/decreases to fringe benefit rates** during the deployment time. Choose "Yes" or "No". Note: Your response will directly impact the items you will need to complete on the Fringe Calculation tab.
5) **Personnel Information** tab
   a. Click on the **"Personnel Information"** button. On this form, you will enter a full list of employees as part of your reimbursement claim. This includes personnel for both deployed labor and backfill labor. Employees do not have to be entered in any particular order.

b. Enter the employee **Name**.
c. If you chose you utilize a Shift Schedule, you will next be prompted to enter the **Shift Name**. Your shift name is typically a letter like "A" or "B" or a time such as "Day" and "Night," though there are any number of variations. Source this information from your personnel department if you are unsure. If you typically use a shift schedule for most of your employees but you have someone who is not shift scheduled, an Admin for example, put the shift name as Admin or give them a unique code to indicate they are not shift personnel.
d. Enter the employee's **Job Title**.
e. For the employee's **Employment Status**, choose whether the employee is Exempt, Non-Exempt, Part-Time, or Volunteer.
f. Choose the **Labor Type** for whether the employee was Deployed, Backfill, or both Deployed and Backfill.
g. If you are requesting reimbursement for Portal-to-Portal labor hours, continue with the following steps. If not, skip to the next bullet (h).
  i. Enter the **Start Date** and **Time** of their deployment followed by the **End Date** and **Time.**
    1. Note the following items:
      a. Please use military time format including colons. For example, 22:20 instead of 10:20.
      b. The time recorded here should be the time you left home base and arrived at home base. Do not include pre-deployment or post-deployment time.
  ii. Enter the number of hours related to **Pre-Deployment**. This is the time spent preparing for deployment prior to leaving home base.
  iii. Enter the number of hours related to **Post-Deployment**. This is the time spent getting equipment ready for next shift after arriving at home base.
  iv. Enter the number of hours related to **Rest Time**. Please refer to applicable response type guidance to determine the hours eligible for reimbursement.
  v. The **Total Hours to Allocate** will calculate the total number of hours each employee worked during deployment.
  vi. The **Notes** section is for any explanatory comments.
h. Note: If any of the following applies, see the next bullet (i). If not, skip to the Hourly Rates section.
  i. An employee is deployed multiple times during a deployment
  ii. There are two or more employee's with the same name being claimed
i. Enter a separate row of information that applies to each person/deployment but give each name a unique identifier (i.e. "David Johnson 1" and "David Johnson 2" or "David E. Johnson" and "David G. Johnson".

Hourly Rates

1) **Hourly Rates** tab
  a. Click on the **"Hourly Rates"** button.
  b. Choose the employee **Name**.
  c. Choose the **Pay Type** you are entering for that employee.
  d. Enter the **Hourly Pay Rate** (excluding fringe) for that employee and pay type.
  e. If you did not have any employees with pay increases/decreases during deployment, skip to the next bullet (f). If you did, please follow the steps below.

      i.   Enter the **"Rate Start Date"** for each employee and pay type.

     ii.   Enter the **"Rate End Date"** for each employee and pay type.

Note: These columns will only be visible if you answered "Yes" in question 3 of the Personnel Information section in the Input Form.

  f.   The **Notes** section is for any explanatory comments.

Fringe Benefits

1) If you indicated that you are claiming fringe benefits, a **Fringe Benefits** section will appear. Please follow the steps outlined in this section. If you are not claiming fringe benefits, please continue on to the Step 4/5: Cost Entry section.

2) **Fringe Calculation** tab

  a.   If you are claiming fringe benefits **"By Individual Employee"**, enter each employee's name.

  b.   Enter each **Pay Type**.

  c.   If you did not have any employees with fringe increases/decreases during deployment, skip to the next bullet (d). If you did, please follow the steps below.

      i.   Enter the **"Rate Start Date"**.

      i.   Enter the **"Rate End Date"**.

Note: These columns will only be visible if you answered "Yes" in question 4a of the Personnel Information section in the Input Form.

  d.   Enter **fringe rates** for the following items:

      i.   Holiday

     ii.   Vacation Leave

    iii.   Sick Leave

    iv.   Social Security

     v.   Medicare

    vi.   Unemployment

   vii.   Worker's Compensation

  viii.   Retirement

    ix.   Heath Benefits

     x.   Life Insurance Benefits

    xi.   Other

  e.   The **Total as % of Annual Salary** will auto calculate the total fringe for each employee.

  g.   The **Notes** section is for any explanatory comments.

Step 4/5: Cost Entry

This section is dynamic and buttons for the various cost types will only appear if you have selected them in Step 3: Reimbursement Cost Types. All of the possible selections are shown below:

Step 3 Selection Example

Force Account Labor	Yes
Travel	Yes
Group Meals	Yes
Force Account Equipment	Yes
Materials	Yes
Rental/Lease	Yes
Contract	Yes
Repairs & Damages	Yes

Step 4/5 Outcome

Force Account Labor - labor costs incurred related to the work performed by the applicant's personnel (force account)

[Force Account Labor]

Travel - deployment travel costs incurred

[Travel]

Group Meals - costs incurred for meals that include 2 or more deployed personnel

[Group Meals]

Force Account Equipment - costs incurred related to the usage of applicant-owned (force account) equipment

[Force Account Equipment]

Materials - costs incurred for supplies taken from stock/inventory or supplies that have been purchased

[Materials]

Rental - costs incurred related to the renting/leasing of equipment

[Rental]

Contract - costs incurred for contracted services performed

[Contract]

Repairs & Damages - costs incurred related to repairs and damages

[Repairs & Damages]

Are you experiencing any issues with the Force Account Labor tab and would like to enter the data manually?

For each **Cost Type** claimed, click on the button to enter the data required. Each page as instructions at the top. If you experience any issues with the **Force Account Labor** tab specifically, you can choose "Yes" to the below question to be able to manually enter or manipulate the data.

> Are you experiencing any issues with the Force Account Labor tab and would like to enter the data manually?

Labor Tabs

Based on your selections in the **Input Form** tab, you will either get the **Labor** tab or **Labor (Portal to Portal)** tab after clicking on the **Force Account Labor** button. Once you click on the **Force Account Labor** button, review the tab name, and follow the corresponding instructions in this section for that specific tab. Please note the following:

- For all labor costs claimed, make sure you are taking your jurisdictional policy into consideration.
- The **Labor (Portal to Portal)** tab does not support the items outlined below and therefore, the labor costs will have to be entered into the **Labor** tab.
    - A claimant claiming more than the following pay types: (Regular Time, Overtime, Overtime at Regular Time, and Step Up).
    - A claimant requesting reimbursement for any deployed members that are not portal-to-portal.
    - A claimant claiming labor costs that include any changes in pay rates during deployment.
    - A claimant claiming labor costs that include any changes in fringe benefit rates during deployment.

Labor

1) Enter the employee's **Name**.
2) Enter the **Labor Type** (Backfill or Deployed).
3) If you chose you utilize a Shift Schedule, the **Shift** will automatically appear based on what you entered in the **Personnel Information** tab.
4) The **Job Title** will automatically appear based on what you entered in the **Personnel Information** tab.
5) The **Employment Status** will automatically appear based on what you entered in the **Personnel Information** tab.
6) If you are not claiming backfill, skip to the next bullet (7). If you are claiming backfill, follow the instructions below:
    a. Enter the deployed employee's name in the **Backfilled For** column.
    b. If you chose you utilize a Shift Schedule, the **Backfill Shift** will automatically appear based on what you entered in the **Personnel Information** tab.
7) Enter the **Pay Type** being claimed for each employee.
8) Enter the **Date** the hours being claimed were worked.
9) The **Day** will automatically populate.
10) Enter the **Hours** worked for each employee.
11) The **Hourly Rate** will automatically populate based on what you entered in the **Hourly Rates** tab.
12) The **Benefit Rate** will automatically populate based on what you entered in the **Fringe Calculation** tab.
13) The **Time Cost** will automatically calculate the total by multiplying the **Hours** and **Hourly Rates** claimed.
14) The **Benefit Cost** will automatically calculate the total by multiplying the **Time Cost** and **Benefit Rate**.
15) The **Total Cost** will automatically calculate the total by adding the **Time Cost** and **Benefit Cost** totals.

16) The **Additional Notes/Comments** section is for any explanatory comments.

Labor (Portal to Portal)

1) Enter the employee's **Name**.
2) Enter the **Labor Type** (Backfill or Deployed).
3) If you chose you utilize a Shift Schedule, the **Shift** will automatically appear based on what you entered in the **Personnel Information** tab.
4) The **Job Title** will automatically appear based on what you entered in the **Personnel Information** tab.
5) The **Employment Status** will automatically appear based on what you entered in the **Personnel Information** tab.
6) If you are not claiming backfill, skip to the next bullet (7). If you are claiming backfill, follow the instructions below:
   a. Enter the deployed employee's name in the **Backfilled For** column.
   b. If you chose you utilize a Shift Schedule, the **Backfill Shift** will automatically appear based on what you entered in the **Personnel Information** tab.
   c. Enter the **Date Backfilled**.
7) Enter the **Hours Worked** for each employee under the following pay types:
   a. Regular
   b. Overtime
   c. Overtime @ Reg
   d. Step-Up
8) The **Hours Left to Allocate** are the total number of hours left that can be allocated for that deployed employee. This column does not apply to backfill and will populate an "N/A" result. Ignore that result and move on to the next employee.
9) The **Time Cost** will automatically calculate the total by multiplying the hours for each pay type and their corresponding pay rates.
10) The **Benefit Cost** will automatically calculate the total by multiplying each pay type's **Time Cost** by the corresponding fringe benefit rate.
11) The **Total Cost** will automatically calculate the total by adding the **Time Cost** and **Benefit Cost** totals.
12) The **Additional Notes/Comments** section is for any explanatory comments.

Travel

1) Enter the employee's **Name**.
2) Enter the **Date** the travel cost was incurred.
3) The **Day** will automatically populate.
4) Enter the cost per **Meal** (**Breakfast**, **Lunch**, **Dinner, and/or Incidental**). If only a daily rate is paid out, simply enter the daily rate into one of the meal options.
5) The **Meal Total** will automatically calculate by adding the **Breakfast**, **Lunch**, **Dinner, and Incidental** costs entered.
6) Enter the Lodging costs incurred for the date entered.
7) Enter the Airfare/Baggage costs incurred for the date entered.
8) Enter the Rental costs incurred for the date entered.
9) Enter the Fuel/Tolls costs incurred for the date entered.
10) For personal vehicles, enter the number of **Miles** and **Milage Rate**.
11) The **Mileage Total** will automatically calculate the total by multiplying the number of **Miles** and **Milage Rate**.

12) The **Total Cost** will automatically calculate the total by adding the following columns: Meal Total, Lodging, Airfare/Baggage, Rental, Fuel/Tolls, and Mileage Total.

13) The **Additional Notes/Comments** section is for any explanatory comments.

Note: For all travel costs claimed, make sure you are taking your jurisdictional policy into consideration.

Group Meals

1) Enter the **Restaurant** name.
2) Enter the **Date** the meal was purchased.
3) The **Day** will automatically populate.
4) Select the **Payment Method** utilized for this purchase from the list below:
   a. Check
   b. Credit Card
   c. Debit Card
   d. Electronic Bank Transfer
   e. Mobile Payment
   f. Petty Cash
   g. P-Card
5) Enter the **Payment Number** (i.e. Check # or Transaction #) for that purchase.
6) Select the **Meal Type** from the list below:
   a. Breakfast
   b. Lunch
   c. Dinner
7) Enter the total **Number of Meals** provided to each employee from that purchase.
8) Enter the Total Cost incurred.
9) The **Average Meal Cost** will automatically calculate by dividing the **Total Cost** by the **Number of Meals**.
10) The **Additional Notes/Comments** section is for any explanatory comments.

Force Account Equipment

1) Enter the **Operator's Name**.
2) Enter the jurisdiction owned **Equipment Description** (Indicate size, capacity, horsepower, make & model, TIFMAS "E" number assignment, fleet number, etc.)
3) Enter the **Date** the equipment was being utilized.
4) Enter the **FEMA Equipment Code** (If TIFMAS response type, **"TIFMAS Equipment Code"**) for the piece of equipment being claimed.
5) The **FEMA Equipment Description** (If TIFMAS response type, **"TIFMAS Equipment Description"**) will automatically populate based on your input for the **FEMA/TIFMAS Equipment Code**. You can use this description to make sure you are claiming the correct **FEMA/TIFMAS Equipment Code**.
6) Enter the **Quantity** of hours/miles utilized for that piece of equipment on the date being claimed.
7) The **Unit** will automatically populate based on your input for the **FEMA/TIFMAS Equipment Code**. You can use this to verify that you are entering the correct unit for that **FEMA/TIFMAS Equipment Code**.
8) The **Total Cost** will automatically calculate the total by multiplying the quantity of hours/miles and the equipment rate.
9) The **Additional Notes/Comments** section is for any explanatory comments.

Note: For all equipment costs claimed, make sure you are taking the response type guidance into consideration.
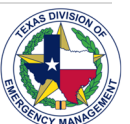
Materials

1) Enter the name of the **Vendor**.
2) Enter the **Description of the Materials Purchased**.
3) Provide a **Justification** (who/when/why) **explaining why** the purchase was necessary to complete deployment activities and/or direct result of operations.
4) Enter the **Date** the materials were **Purchased**.
5) Enter the **Date** the materials were **Used**.
6) Enter the **Material Usage Type** from the list below:
    a. Stock
    b. Purchased
7) Select the **Payment Method** utilized for this purchase from the list below:
    a. Check
    b. Credit Card
    c. Debit Card
    d. Electronic Bank Transfer
    e. Mobile Payment
    f. Petty Cash
    g. P-Card
8) Enter the **Payment Number** (i.e. Check # or Transaction #) for that purchase.
9) Enter the **Quantity** purchased.
10) Enter the **Unit Cost**.
11) The **Total Cost** will automatically calculate the total by multiplying the hours used and hourly rate.
12) The **Additional Notes/Comments** section is for any explanatory comments.

Rental

1) Enter the **Type of Equipment** (indicate size, capacity, horsepower, make, and model) and provide a **Justification** (who/when/why) for the purchase.
2) Enter the name of the **Vendor**.
3) Enter the **Invoice Date**.
4) Enter the **Invoice Amount**.
5) Select the **Payment Method** utilized for this purchase from the list below:
    a. Check
    b. Credit Card
    c. Debit Card
    d. Electronic Bank Transfer
    e. Mobile Payment
    f. Petty Cash
    g. P-Card
6) Enter the **Payment Number** (i.e. Check # or Transaction #) for that purchase.
7) Enter the rental **Start Date**.
8) Enter the rental **End Date**.
9) Enter the **Operator Status/Name**.
10) Enter the number of **Hours Used**.
11) Enter the Hourly Rate.
12) The **Total Cost** will automatically calculate the total by multiplying the hours used and hourly rate.

13) The **Additional Notes/Comments** section is for any explanatory comments.

Contract

1) Enter the name of the **Vendor/Contractor**.
2) Enter the **Description of the Services** and provide a **Justification** (who/when/why) **explaining why** the purchase was necessary to complete deployment activities and/or direct result of operations.
3) Enter the **Date** the services were purchased.
4) Enter the **Receipt/Invoice Number**.
5) Select the **Payment Method** utilized for this purchase from the list below:
   a. Check
   b. Credit Card
   c. Debit Card
   d. Electronic Bank Transfer
   e. Mobile Payment
   f. Petty Cash
   g. P-Card
6) Enter the **Payment Number** (i.e. Check # or Transaction #) for that purchase.
7) Enter the **Total Cost** incurred.
8) The **Additional Notes/Comments** section is for any explanatory comments.

Repairs/Damages

1) Enter the name of the **Vendor/Contractor**.
2) Enter the **Description of the Costs** and provide a **Justification** (who/when/why) for the purchase.
3) Enter the **Date** the goods/services were purchased.
4) Enter the **Receipt/Invoice Number**.
5) Select the **Payment Method** utilized for this purchase from the list below:
   a. Check
   b. Credit Card
   c. Debit Card
   d. Electronic Bank Transfer
   e. Mobile Payment
   f. Petty Cash
   g. P-Card
6) Enter the **Payment Number** (i.e. Check # or Transaction #) for that purchase.
7) Enter the **Total Cost** incurred.
8) The **Additional Notes/Comments** section is for any explanatory comments.

Note: Refer to applicable response type guidance for eligible costs that were a direct result of operations and not normal wear and tear.

Step 5/6: Submit the State Mutual Aid Reimbursement Forms

How to Submit

Signed forms and supporting documents will be uploaded to GMS. **Please be sure to keep all documents**.
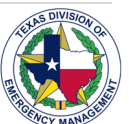
Submittals will be considered final when all supporting documents are received, and information is accurate. **Submittals must be submitted within 90 calendar days following demobilization for reimbursement to be considered for funding.**

What to Submit

Invoice

1) Click on the **"Invoice Form"** button. This form is automatically generated for you based on the information you entered.
2) Replace the words in **red** with the applicable information.
3) Complete the 'Certified and Approved by:' section at the bottom of this invoice.
4) Check the 'Yes' or 'No' box to answer that the 'Copies of Receipts and Payment Vouchers for each claim are attached:' section on the invoice.
5) Use the 'Return to Input Form' button below to finish the reimbursement request packet.

R-2 Invoice (Only applies to EMAC)

1) Click on the **"Invoice Form"** button. This form is automatically generated for you based on the information you entered.
2) Replace the words in **red** with the applicable information.
3) Complete the 'Certified and Approved by:' section at the bottom of this invoice.
4) Check the 'Yes' or 'No' box to answer that the 'Copies of Receipts and Payment Vouchers for each claim are attached:' section on the invoice.
5) Use the 'Return to Input Form' button below to finish the reimbursement request packet.

Supporting Documentation

1) Be sure to include all necessary **Supporting Documentation**. A checklist can be viewed by clicking on the **"Reimbursement Overview"** button.

State Mutual Aid Reimbursement Form

1) Save this spreadsheet to meet the requirement for State Mutual Aid Reimbursement Form. Include it with the **Invoice Form** and **Supporting documentation** above.

Where to Submit

The documents above should be uploaded to GMS or submitted to tdemreimbursement@tdem.texas.gov.

Reference Documents

Tutorial – Getting Started on the Input Form

Tutorial – Payroll Information

Tutorial – Personnel Information Tab

Tutorial – Hourly Rates Tab

Tutorial – Fringe Benefit Section

Tutorial – Fringe (Individual)

Tutorial – Fringe (Average)

Tutorial – Labor Tab

Tutorial – Labor (Portal to Portal) Tab

Tutorial – Travel Tab

Tutorial – Group Meals Tab

Tutorial – Equipment Tab

Tutorial – Materials Tab

Tutorial – Rental Tab

Tutorial – Contract Tab

Tutorial – Repairs and Damages Tab

Tutorial –Mutual Aid Reimbursement Invoice

Tutorial – Creating and Submitting Forms

Best Practices

Documentation Requirements

FAQ

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