

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency

MISSION ASSIGNMENT REIMBURSEMENT REQUEST TRANSMITTAL FORM

Section I: Agency Submission

Agency: <input style="width: 90%;" type="text"/>	Current Bill Amount: <input style="width: 90%;" type="text"/>
Address: <input style="width: 90%;" type="text"/>	Fiscal POC: <input style="width: 90%;" type="text"/>
Agency Location Code: <input style="width: 90%;" type="text"/>	Phone Number: <input style="width: 90%;" type="text"/>
Agency Bill Number: <input style="width: 90%;" type="text"/>	POC E-mail Address: <input style="width: 90%;" type="text"/>
	Mission Assignment Number: <input style="width: 90%;" type="text"/>

Mission Description: (Statement of Work)

Please indicate bill type: Partial Bill Re-submitted Bill Final Bill (No further obligations pending)

NOTE: Expenditures claimed have been reviewed and are relevant to the mission assigned. Costs are reasonable, supported by source documents maintained by this agency, and are not funded by another source. *(Include applicable signatures)*

_____ Primary Agency Project/Program Administrator	_____ Date	_____ Phone Number
_____ Support (Sub-Task) Agency Project/Program Administrator	_____ Date	_____ Phone Number
_____ Primary Agency Financial Officer	_____ Date	_____ Phone Number
_____ Support (Sub-Task) Agency Financial Officer	_____ Date	_____ Phone Number

DRAFT
NOT
APPROVED
FOR
USE

For additional information, refer to:
[National Response Framework \(NRF\)](#)

Section II: FEMA Use Only

FFC POC: _____	Payment Amount Approved: _____
	Disallowed Amount (if any): _____
	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 to notify logistics of property item(s) billed?

Yes

No

Federal Approving Official (FAO)/Disaster Recovery Manager (DRM) _____

See page 2 for continuation sheet and break-out by sub-object class code.

Section III: Billing Details

Agency Bill Number:		Amount Previously Billed:	
Total MA Obligation:		Current Billed Amount:	
		Total Billed to Date:	

Current Charges		\$ Amount
Regular Hours (Non-appropriated only)		
Overtime or Premium pay hours		
11xx Non-appropriated Wages, Overtime (OT), and Premium Pay		
21xx Travel of Persons		
22xx Transportation of Things		
25xx Service Contracts		
Work Performed by Other Federal Agencies (sub-task): (Please list agencies below)		
25xx Equipment Lease Contracts		
26xx Supplies/Materials		
31xx Equipment		
Overhead/Indirect Cost	Rate:	
Other (Please include description below)		
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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.

Submit by E-mail