

EXHIBIT G -- HETF DAILY SHIFT INVOICE

Heavy Equipment Task Force – Daily Shift Invoice

Agreement Number _____ Contractor Name _____

Incident Name _____ Incident Number _____

Foreman (Name) _____ Date: _____

At no time will a HETF exceed 6 pieces of heavy equipment or fall below 3 pieces.

Included (Y/N)	*Resource	Start Time	Stop Time	Remarks	Equipment Operator Name
	Feller Buncher				
	Skidder				
	Dozer				
	Skidgine				
	Feller Buncher 2 nd				
	Excavator				
	Masticator				

Table 1 Equipment Use Record

Included (Y/N)	Resource	Start Time	Stop Time	Miles	Fully operated (y/n)	Transport Operator Name
	Transport 1					
	Transport 2					
	Transport 3					
	Transport 4					
	Transport 5					
	Transport 6					

Table 2 Transport Use Record

Additional Vendor Remarks

EQTR Initials _____

Contractor or Authorized Agents Signature/Date

Government Officers Signature / Date

Print Name

Print Name
