FIELD HANDBOOK AND
STANDARD OPERATING PROCEDURES
FOR THE
ADMINISTRATIVE PAYMENT TEAMS
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>PAGE</th>
<th>CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cover Sheet</td>
</tr>
<tr>
<td>2</td>
<td>Table of Contents</td>
</tr>
<tr>
<td>3-4</td>
<td>Role and Function Statement</td>
</tr>
<tr>
<td>5-8</td>
<td>Duties and Responsibilities</td>
</tr>
<tr>
<td>9</td>
<td>Recommended Training</td>
</tr>
<tr>
<td>9</td>
<td>Qualifications for Team Positions</td>
</tr>
<tr>
<td>9</td>
<td>Suggested Team Set-Up Procedures</td>
</tr>
<tr>
<td>10</td>
<td>Field Kit Requirements</td>
</tr>
<tr>
<td>11</td>
<td>APT Final-Debriefing Sheet</td>
</tr>
<tr>
<td>12</td>
<td>Audit Checklist – Equipment Invoice</td>
</tr>
<tr>
<td>13</td>
<td>Audit Checklist – Supplies/Services</td>
</tr>
<tr>
<td>14</td>
<td>Instructions for Entering Documents in FFS</td>
</tr>
<tr>
<td>15</td>
<td>Instructions for Voucher Face Sheet</td>
</tr>
<tr>
<td>16</td>
<td>Voucher Face Sheet</td>
</tr>
<tr>
<td>17</td>
<td>Sample Delegation of Authority Letter</td>
</tr>
<tr>
<td>18</td>
<td>Record Preparation and Distribution Checklist</td>
</tr>
<tr>
<td>19</td>
<td>AOC Addresses</td>
</tr>
<tr>
<td>20-21</td>
<td>Evaluation Forms</td>
</tr>
<tr>
<td>22</td>
<td>AOC Personnel Familiar with FFS Program</td>
</tr>
<tr>
<td>23</td>
<td>Voucher Face Sheet (For Copying)</td>
</tr>
</tbody>
</table>
ROLE AND FUNCTION STATEMENT
FOR THE ADMINISTRATIVE PAYMENT TEAM

MISSION – To expedite payment of financial obligations resulting from an emergency incident and relieve the local administrative unit of additional work generated by the incident/complex.

RESPONSIBILITY – After receiving a written delegation of authority from the Agency Administrator (Superintendent, Administrative Officer, Refuge Manager, etc.), the team is responsible for payment of all possible financial obligations incurred by the incident.

PURPOSE – The Administrative Payment Team is authorized to pay for supplies, materials, services, and equipment rental utilized on an emergency incident.

The Agency Administrator or the Incident Command Team (Finance Section Chief) should consider requesting the services of an Administrative Payment Team when an emergency incident generates obligations, which becomes a hardship on the local community or staff or may prevent them from being paid in a timely manner. This allows the local administrative unit to continue with normal day-to-day operations with a minimum amount of disruption. For further guidance you may contact one of the Team Leaders listed in the National Mobilization Guide.

ORGANIZATION – The Team Leader will determine how many team members will be needed, based upon the needs generated by the size and complexity of the emergency incident. The Administrative Payment Team consist of the following positions:

1. Team Leader – Authority from Accounting Operations Center to process payments for all expenses related to emergency incidents.

2. Contracting Officer – At least a Level II Warrant with special Nationwide procurement authority.

3. Administrative Assistant(3) – Performs a variety of audit and review processes prior to payment of all bills relative to the incident.

DISPATCH – The Team Leader receives the initial call-out to an incident, they will call the agency administrator and/or the Finance Section Chief to determine the number of payments to be made, work site, and other pertinent data. The Team Leader will then inform their dispatcher of team members needed and their contact information.
INCIDENT – The Administrative Payment Team works for the Agency Administrator and may need to have contact with the Incident Command Team (Finance Section Chief) to assess if bills are complete and ready for payment. The Team Leader will need to receive a briefing from the agency administrator as well as the Incident Commander/Finance Section Chief if still on the incident. The Leader will also need to receive a letter showing delegation of authority from the Agency Administrator.

The needs of the team at the local agency could vary depending on the number of members. The basic needs are:

1. quiet, secure work area
2. copy machine (at least a medium volume)
3. access to phone/fax machine/local area network or dial-up
4. office supplies – paper clips, paper, tape, staples, pens, pencils etc.
5. envelopes and access to postage meter or someone to meter the mail

requirements to process payments

Rental Equipment – Copy of Resource Order, Equipment Rental Agreement (OF-294), Pre- and Post Inspection Checklist (OF-296), original use records (OF-297), and original Emergency Equipment Use Invoice (OF-286) completed and with appropriate signatures.

Bills for Supplies/Services – Evidence of order (Resource Order Form, BPA, or Purchase Order), original or certified true copy of the invoice with a signature showing receipt of materials.

DE-MOB – Upon completion of all possible payments, the Team Leader will consult with the Agency Administrator to see if any further needs exist and determine a release time for the Payment Team. Prior to that time the Agency Administrator or the designated representative will be de-briefed by the Team.

DE-BRIEFING – Will consist of any problems occurring or anything left unresolved and why and the number of payments issued and the dollar amount of expenditures. The Team will leave copies of all payment documents with the Agency.
DUTIES AND RESPONSIBILITIES

Administrative Payment Team Leader

The Team Leader will have procurement and financial management experience and be knowledgeable of the Incident Command System. Must have an understanding of the Federal Acquisition Regulations (FAR) and payment regulations.

Duties:

 Has overall responsibility for management of the Administrative Payment Team, assures Delegation of Authority is in place prior to making payments, and reports directly to the Agency Administrator.

 Designated as a Team Leader with responsibility for processing payments for expenses related to an emergency incident.

 Receives initial call-out instructions from Dispatch.

 Contacts requesting Agency Administrator to assess the situation and confirm the APT should be dispatched and how many team members are needed.

 Contact Christine Peters, Jack Skym, Debbie Townsend, All Team Leaders, and Team Members going on the assignment with pertinent information regarding call-out.

 Establishes working area and needed equipment availability.

 Establishes needed accounts with the appropriate organizational code and project code (fire/incident code) for all vendor payments in FFS. All Team overtime and travel can either be charged to an already established account in FFS or one can be set up, if needed.

 Provide initial projection of incident costs to APT Coordinator in Boise upon arrival and update as necessary. Email costs to Boise Coordinator on a daily basis.

 Contacts the Incident Management Team and advises of the team’s operations and capabilities.

 Provides for transfer of payment documentation to the team for processing.

 Provides support to team operations as needed.

 Ensures proper audit of all invoice payments.
- Ensures the Personal Identifiable Information is safeguarded from possible misuse.
- Ensures submission of all payment documents to appropriate finance organizations in accordance with Agency instructions and guidelines.
- Ensures the Agency Administrator receives a copy of all payment documents at final de-briefing.
- Establishes work schedules for team members.
- Ensures adequate accommodations and return travel arrangements for team members.
- Evaluates team members’ performance upon completion of the assignment.
- Audits and processes orders for payment in accordance with FAR.
- Assists in interpretation of contracts/agreements, claims resolution and disputes, as necessary.
- Assists in resolution of problems.
- Knowledgeable in the use of FFS (entry of documents, printing of reports).
- Makes copies of various documents.
- Files various payment documents.
- Performs various other clerical duties as needed (i.e. answering phone, taking messages, mailing packages, etc.).
- Provide Boise APT Coordinator with supervisory information on team members for annual thank you letter.

**KSA’S FOR TEAM LEADER**

1. Knowledge of Incident Command System and FFS System.
2. Ability to coordinate with Agency/Incident Command Personnel.
3. Skilled in motivating, leading and directing a diverse work group under adverse conditions.
Administrative Payment Team Contracting Officer

The Contracting Officer has at least a Level II Warrant and is knowledgeable of the Incident Command System and the Federal Acquisition Regulations (FAR). He/She receives overall instructions and reports to the Team Leader. Also attends briefings as necessary.

Duties:

- Assists in the resolution of problems.
- Audits and processes orders for payment in accordance with Federal Acquisition Regulations (FAR).
- Assists in interpretation of contracts/agreements (EERAs), claims resolution and disputes, as necessary.
- Knowledgeable in the use of FFS.
- Performs other administrative and clerical duties as needed (i.e. copying and filing documents, answering phone, taking messages, mailing packages, etc.).
Administrative Payment Team Administrative Assistant

The Administrative Assistant performs a variety of highly technical audit and review procedures. Must be knowledgeable of the Incident Command System. The Administrative Assistant receives overall instructions from the Team Leader.

Duties:

- Audits and processes orders for payment in accordance with Federal Acquisition Regulations (FAR).
- Knowledgeable in the use of FFS.
- Performs other administrative and clerical duties as needed (i.e. copying and filing documents, answering phone, taking messages, mailing packages, etc.).

KSA’S FOR APT MEMBERSHIP

1. Ability to work long hours under adverse conditions as a team member for a period of up to 14 days.

2. Skill in auditing and analyzing financial documents.

3. Ability to perform various administrative and clerical duties as needed such as answering telephone, copying, and etc.

4. Knowledge to perform proficiently in various computer programs.
RECOMMENDED TRAINING FOR TEAM MEMBERS

All Team Members

I-200 Basic ICS
S-260 Incident Business Management
S-261 Applied Incident Business Management

Administrative Payment Team Leader

S-360 Finance/Administration Unit Leader
I-460 Finance Section Chief

Contracting Officer

S-360 Finance/Administration Unit Leader

QUALIFICATIONS FOR TEAM POSITIONS

Team Leader – Must have previous experience on a team. Must be capable of leading the Team and working with Interagency personnel.

Contracting Officer – Must be a warranted Contracting Officer (preferably Level II or higher) or have the capability to get access to CCR.

SUGGESTED TEAM SET-UP PROCEDURES

Below is a suggested chain of events for setting-up your team:

1. Set-up your workspace and gather needed supplies.
2. Alphabetize payment packets by Vendors first name.
3. Check the CCR and FFS for vendor information (usually Team Lead or Contracting Officer).
4. Reviewing documents to provide Boise with cost estimate.
FIELD KIT REQUIREMENTS

Team Leader

Locking Dispatch Case
Document Face Sheet
Electric Printing Calculator
APT Handbook
Incident Business Management Handbook
Laptop Computers w/appropriate software and attachments.
Laser Printer (if one not available at incident)
Fireline Handbook
Stapler, pens, ruler, paper clips, rubber bands, etc.

Contracting Officer

Brief Case
APT Handbook
Electric Printing Calculator

Administrative Assistant

Brief Case
APT Handbook
Electric Printing Calculator
ADMINISTRATIVE PAYMENT TEAM
FINAL DE-BRIEFING

APT LEADER

_______________________________________

CONTRACTING OFFICER

_______________________________________

ADMINISTRATIVE ASSISTANT

_______________________________________

_______________________________________

_______________________________________

Incident Agency ___________________________ Incident #(s)__________________

Location _________________________________ State ________________________

Team Incident Tour Data:  Arrival Date/Time ________________________________

                           Departure Date/Time ______________________________

Number of Vendor Payments _______ Total Disbursements $____________________

Comments: ___________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

(Team Leader’s Work Phone #)     (Team Leader)

cc: Christine Peters
AUDIT PROCEDURES
FOR PROCESSING EMERGENCY EQUIPMENT PAYMENTS

Two manual audits are required prior to entering data into the FFS.

In order to complete the audit of Emergency Equipment Use Invoice, (OF-286), the following documents are needed:

1. Resource Order Form (Evidence of Order).
4. Rental Equipment Use Records (OF-297).
5. Equipment Invoice (OF-286).

Review each document for accuracy.

1. Verify price, special rate prices, etc. and that they are transferred correctly from the OF-294 to the OF-286.
2. After complete review of the OF-297’s verify that the dates and times are transferred properly to the OF-286. (Look for conflicting/duplication of dates and times.)
3. Verify unit price extensions.
4. Add or deduct all cost for fuel, oil, repairs, and/or commissary provided by or to the government.
5. Verify Tax Payer Identification Number, Social Security Number, or DUNS.
6. Prepare a Voucher Face Sheet.

NOTE: Payment of Claims – The Contracting Officer may settle some claims on Equipment Rental Agreements as stated in FAR-52-233.1.
VOUCHER EXAMINATION – SUPPLIES/SERVICES

Two manual audits are required prior to entering the data into the FFS.

In order to complete the audit of vouchers for supplies and services, the following documents are needed:

1. Evidence of order (Resource Order, BPA, Purchase Order).
2. Original or certified true copy of the invoice.
3. Evidence of receipt (a full signature, received by an individual other than ordering official).

Audit of invoice will verify quantity, items ordered and received, unit price extension, and total for all items.

State Tax generally is not to be paid, however, you should check with the Agency Administrator’s representative to confirm whether the State in which you are working requires payment of State Tax before you delete it.

If multiple invoices are being processed as one payment, tapes should be run to show total of all invoices.

Prepare a document face sheet for each vendor.
INSTRUCTIONS FOR ENTERING DOCUMENTS IN FFS

Log In to FFS:

1. Type “N” in the action field
2. Type “SUSF” in the screen field
3. Hit “enter”
4. With an “S” in the action field and “SUSF” in the screen field - Type “NEW” in the function field.
5. Tab down to Document ID
   a. TC is “P2”
   b. SEC1 will be SER or AKR or IMR
   c. Number will be VP550010001, etc. (Use YOUR Org. Code)
   d. Hit “Enter”
6. Payment Voucher Input Screen
   a. Doc Action: E
   b. Trans Type: 01
   c. Document Total: $1350.00
   d. Vendor Code
   e. Schd Pymt DT: Current date that your are entering documents
   f. Comments to Print: We are putting in fire name “Tweedy Complex”
   g. Agcy Head Appv: “Y”
   h. LN: 001 (002, 003 for multiple accounts)
   i. ORGN: 1249 (or whatever your account number is)
   j. (Proj) Job: BVT8 (or whatever your job code # is)
   k. (PWE) PGM: E11
   l. OBJ CODE: 233L, 233Q, 252Z, etc.
   m. Amount: $1350.00
   n. VND INV#: Invoice number or E# or O# or some type of reference *
   o. INV DT: beginning date of Use Invoice *
   p. LOG DT: ending date of Use Invoice*
   q. ACCEP DT: date Use Invoice signed *
   r. Hit the home button – then type “Q” and enter
   s. Check data – vendor name and address and see if there are any errors – if all is okay
   t. Hit the home button – then type “W” and enter and your document should be accepted. If not accepted you have errors – work through them.
   u. Do a print screen (for your records).
7. Now fill in the top of your cover sheet
   a. Date Paid: should be the same as “e” above.
   b. Payment Type: If SCHD CAT is A – then circle EFT; if SCHD Cat is T – then circle Check.

* If you are entering multiple lines, be sure to enter same data in these fields.
VOUCHER FACE SHEET

Complete all blocks – see attached example.

a) Vendor Name (as it appears on original invoice & legible), Address: should be correct mailing address from invoice (where check should be mailed) and the Tax Identification Number.

b) Document Number – each team will start a sequentially numbered list per fiscal year (i.e. VP550010001)

c) Date (date payment processed) and circle type (EFT or Check).

d) Amount Paid

e) Vendor Code – The way vendor is listed in FFS (VEND or VNAM tables).

f) List vendor invoice number. If numerous invoices are paid you can just write “See Attached”.

g) List total amounts from each invoice (or if you have written “See Attached” you can write total of all invoices.

h) Total (total of all invoices, should be the same in (D), (H), and (M).

i) Incident Numbers as found on Resource Orders.

j) Start date for equipment(service), end date and date invoice received.

k) NPS Incident Account Numbers. These Incident account numbers are assigned at time of incident. Each Incident has a separate account number.

l) Amount. Total amount charged to each NPS Incident account.

m) Total Amount (should be the same as (D) and (H).

n) Name of Local Administrative Representative – to contact in case of problems.

o) Telephone Number – Local Administrative Representative.

p) APT Team Leader – typed or printed name of the APT Team Leader.

q) 1st and 2nd Auditor: Signature of persons doing the audits.

r) Name of person doing data entry and date.
## VOUCHER FACE SHEET – EMERGENCY VENDOR PAYMENT

<table>
<thead>
<tr>
<th>VENDOR NAME: ___________________ (A)</th>
<th>DOCUMENT NO: ___________________ (B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS: __________________________</td>
<td>DATE PROCESSED: ___________________ (C)</td>
</tr>
<tr>
<td></td>
<td>PAYMENT TYPE: EFT CHECK</td>
</tr>
<tr>
<td></td>
<td>TOTAL AMT OF PAYMENT: ___________________ (D)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIN #: ____________________________</th>
<th>VENDOR CODE: _______________________ (E)</th>
</tr>
</thead>
<tbody>
<tr>
<td>INVOICE NUMBERS: __________________</td>
<td>AMOUNT: ______________________________</td>
</tr>
<tr>
<td>__________________________________</td>
<td>______________________________________</td>
</tr>
<tr>
<td>INVOICE NUMBERS: __________________</td>
<td>AMOUNT: ______________________________</td>
</tr>
<tr>
<td>__________________________________</td>
<td>______________________________________</td>
</tr>
<tr>
<td>__________________________________</td>
<td>______________________________________</td>
</tr>
</tbody>
</table>

| TOTAL: ___________________________ |

| INCIDENT ORDER/RESOURCE ORDER REFERENCES: |
|__________________________________________|
| ______________________________________ |
| ______________________________________ |
| ______________________________________ |

<table>
<thead>
<tr>
<th>START DATE: ______________</th>
<th>END DATE: ______________</th>
<th>RECEIVED DATE: ______________ (J)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>INCIDENT ACCOUNT #S: ______ (K)</th>
<th>AMOUNT: $____ (L)____</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
<td>____________________</td>
</tr>
<tr>
<td>____________________________</td>
<td>____________________</td>
</tr>
<tr>
<td>____________________________</td>
<td>____________________</td>
</tr>
</tbody>
</table>

| TOTAL: $____ (M)____ |

<table>
<thead>
<tr>
<th>LOCAL CONTACT FOR INFO: ____ (N)____</th>
<th>PHONE NUMBER: ____ (O)____</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>APT TEAM LEADER: ___________________ (P)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>1ST AUDITOR ___________________ (Q)</th>
<th>2ND AUDITOR: ___________________</th>
<th>(Signature)</th>
</tr>
</thead>
</table>

DATA ENTRY: ____ (R)____ | DATE: ______________________ |

NOTE: PLEASE CALL THE LOCAL CONTACT PERSON IF YOU HAVE ANY QUESTIONS REGARDING YOUR PAYMENT.
Date:       June 6, 2000

From:      Superintendent, Bandelier National Monument

To:        Debra Ledford, National Park Service Administrative Payment Team Leader

Subject:   Delegation of Authority

You are hereby delegated to process payments for issuance of U.S. Treasury Checks or Electronic Funds Transfers on behalf of Bandelier National Monument for expenses incurred on the Cerro Grande Fire. The Administrative Payment Team is requested to pay as many vendors as possible during the period you are in Santa Fe, NM.

I understand the original payment documents will be retained by the National Park Service, Accounting Operations Center in Herndon, Virginia. I expect to receive adequate documentation from the payment team of all payments processed which will enable Bandelier staff to reference and review all payments as needed.

Upon completion of your work assignment in Santa Fe, you are to meet with the Bandelier Administrative Officer to discuss what was accomplished and to report total dollars expended by the team.
RECORDS PREPARATION AND DISTRIBUTION CHECKLIST

A. SITE RECORDS

1. To be filed alphabetically by fire/agency.
2. Leave Excel spreadsheet with list of vendors paid and total dollars expended.

B. AOC RECORDS

1. Vendor Payments (Document # Order)
2. Label outside of box with document numbers included in package.

C. NPS OFFICE – BOISE

Follow directions under Team Leader Responsibilities.
AOC ADDRESSES:

National Park Service
Accounting Operations Center
P. O. Box 100000
Herndon, VA  20171

Attn:  Debbie Townsend
Phone # 703-487-9453

Federal Express Address:

National Park Service
Accounting Operations Center
13461 Sunrise Valley Drive
Herndon, VA  20171

Attn:  Debbie Townsend
Phone # 703-487-9453
Team Leader Evaluation

Incident #: ____________________

TEAM LEADER: ____________________        Dates: ________________

After each incident Team Leaders will be evaluated on the following skills:

<table>
<thead>
<tr>
<th><strong>Professionalism:</strong></th>
<th>Achieved</th>
<th>Not Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Represents the National Park Service in an exemplary manner. A Team Leader must never allow personal feelings to cloud professional judgement. Conducts business in a proficient and professional manner, displaying a positive attitude.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Approaches incidents/situations with tact, resolve and flexibility. Sets priorities and standards by which the team will work. Displays a sincere commitment to the team as well as a commitment to the team mission.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Exhibits concern and support for all team members, incident agency(s) and it’s employees and maintains a good working relationship with the same. Treats incident agency personnel and team members with respect at all times. Maintains a professional attitude at all times.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Exercises flexibility when unclear guidelines and/or uncertain situations occur which could result in conflict or may differ from NPS policies.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Communications:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Constant communication with incident agency administrators is successfully demonstrated.</td>
</tr>
<tr>
<td>B. Successfully exhibits positive and favorable interaction skills.</td>
</tr>
<tr>
<td>C. Constant communication with Incident Management Team, Team Members and other cooperating agencies is successfully demonstrated.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Organization and Leadership:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Ability to multi-task, organize, and plan team workload.</td>
</tr>
<tr>
<td>B. Ability to lead the team and accomplish the tasks at hand and respond to any unforeseen circumstances that might arise.</td>
</tr>
<tr>
<td>C. Ability to keep the team motivated and functional.</td>
</tr>
<tr>
<td>D. Participates in team member development, recommends training, and assures that team member evaluations are completed.</td>
</tr>
</tbody>
</table>

**Comments:**

________________________________________________________    ___________________

Signature of Evaluator       Date

Mail to: Christine Peters, Fire Management Program Center
        3833 S Development Avenue
        Boise, ID  83705
Team Member Evaluation  

Team Member: _______________________  Dates: _________________  

Team Leader: _______________________  

<table>
<thead>
<tr>
<th></th>
<th>Achieved</th>
<th>Not Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Approaches incident(s)/situation(s) with positive attitude and willingness to work with other team members and incident agency personnel. Displays a commitment to team effort as well as to the team mission.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Conducts business in a proficient and professional manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Maintains and demonstrates technical competencies (i.e. FFS System, APT Handbook, and Incident Business Management Handbook).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Communicates with team leader and team members to accomplish duties outlines in the agency’s delegation of authority.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Communicates with incident agency personnel in a positive and professional manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Organizes and plans workload in order to meet workload deadlines.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Must be flexible when unclear guidelines and/or uncertain situations occur which could result in conflict or may differ from own agency policies.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Team Leader Comments:  

________________________________________________________________________  

________________________________________         ___________________________  
Signature of Team Leader     Date  

Team Member Comments:  

________________________________________________________________________  

________________________________________         ___________________________  
Signature of Team Member     Date  

21
ACCOUNTING OPERATIONS CENTER
PERSONNEL FAMILIAR WITH FFS

Jack Skym    Fiscal Services Team Leader   703-487-9161
Debbie Townsend  Supervisory Fiscal Specialist, Section B   703-487-9453
Kevin Frye   Supervisory Fiscal Specialist, Section A    703-487-9077

LIST OF CONTACTS AT AOC FOR TEAM LEADERS:

Antoinette Dolinger  Lead Examiner  703-487-9075
David Robertson  Lead Examiner   703-487-9115
Phyllis Morris   Lead Examiner   703-487-9159
Jean Fisher   Lead Examiner   703-487-9120
Debra Williams   Lead Examiner   703-487-9096
William Porter   Lead Examiner   703-487-9088

CONTACT – FIRE PROGRAM COORDINATOR

Christine Peters  Administrative Officer   208-387-5211/5202
                              208-407-6558(Cell)
## VOUCHER FACE SHEET – EMERGENCY VENDOR PAYMENT

<table>
<thead>
<tr>
<th>VENDOR NAME: ___________________________</th>
<th>DOCUMENT NO: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS: ______________________________</td>
<td>DATE PROCESSED: __________________________</td>
</tr>
</tbody>
</table>

**PAYMENT TYPE:**
- EFT
- CHECK

**TIN NUMBER:** _________________________

**VENDOR CODE:** _______________________

### INVOICE NUMBERS:
- AMOUNT
- INVOICE NUMBERS:
- AMOUNT:

<table>
<thead>
<tr>
<th>___________</th>
<th>___________</th>
<th>___________</th>
<th>___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>___________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>___________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>___________</td>
<td>___________</td>
<td>___________</td>
<td>___________</td>
</tr>
</tbody>
</table>

**TOTAL:** $____________

### FIRE ORDER/RESOURCE ORDER REFERENCES:
- _________________________________________________
- _________________________________________________
- _________________________________________________
- _________________________________________________

**START DATE:** ___________  **END DATE:** ___________  **RECEIVED DATE:** ___________

**FIRE ACCOUNT(S):** ___________________________  **OBJECT CLASS:** ___________  **$:** ___________

<table>
<thead>
<tr>
<th>___________________________</th>
<th>___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________________</td>
<td>___________________________</td>
</tr>
<tr>
<td>___________________________</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

**GRAND TOTAL:** $____________

**LOCAL CONTACT:** ___________________________  **LOCAL PHONE NO:** ___________________________

**APT TEAM LEADER:** ___________________________

**1ST AUDITOR:** ___________________________  **2ND AUDITOR:** ___________________________

**DATA ENTRY:** ___________________________  **DATE:** ___________________________

### NOTE:
- PLEASE CALL THE LOCAL CONTACT PERSON IF YOU HAVE ANY QUESTIONS REGARDING YOUR PAYMENT.