

GENERAL MESSAGE (ICS 213)

1. Incident Name: _____

2. To (Name and Position, Employee/Finance/Home Units): _____

3. From (Title/Position): _____

4. Subject: Lodging/Per Diem/Fuel Approval for CFAA Resources

5. Date: _____

6. Time _____

Incident Request Number: _____ Name of Requestor: _____

Please provide the date and check the box for reimbursement of each expense *when not provided by the incident*. Rates established in Exhibit H, and the rate letter, will be used for reimbursement of per diem and lodging expenses.

If miscellaneous expenses are to be reimbursed, note them in the additional comments section below.

Date	Per Diem			Lodging	Fuel
	Breakfast	Lunch	Dinner		

Lodging, Meals, and Incidentals will be reimbursed at the rates below:

Lodging Rate: \$151.00

Meal and Incidental Rates:

Breakfast \$19.00

Lunch \$22.00

Dinner \$32.00

Incidentals \$5.00

*Lodging, Meals and Fuel paid out-of-pocket are only reimbursable when government meals are not provided or available. Please indicate expense justification below (REQUIRED)

Expense Claim Justification (REQUIRED). Example: No fuel tender in camp, no lunches at spike camp, etc.

Note: The CFAA agreement requires all CFAA responders to have incident related travel expenses authorized by the IC, FSC, AA or INBA and supported by written documentation and completed OES-F-142a travel form. Resources mobilized under CFAA are responsible for their operational costs to and from the incident.

Approved Fire Replacement items not filled at the incident and / or equipment damage not repaired at incident may be authorized as well. Please include specifics on damage or repair of item, estimated cost, IC, FSC, AA or INBA signature approving repair/replacement, AND the S-number. A separate ICS-213 may be required for additional detail.

8. Approved by: Name: _____ Signature: _____ Position/Title: _____

9. Reply: _____

10. Replied by: Name: _____ Signature: _____ Position/Title: _____

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Date/Time: _____