

ARKANSAS DEPARTMENT OF EMERGENCY MANAGEMENT

Contract Work Summary Record Instructions

This form is used to document the costs for contracts that were awarded during disaster related response and/or recovery. Supporting documentation is needed for verification of costs which include copies of the contract and proof of payment.

1. **State Disaster No.** – Provided to the applicant by ADEM and used for document tracking
2. **Page** – Used to list the number of pages.
3. **Applicant** – Name of the local jurisdiction (Usually City or County).
4. **Applicants Project #** - Used for applicant tracking purposes. A reference to identify each specific project.
5. **Location/Site** – Used to identify the damaged area. Include specific details (Address and/or road names).
6. **Period Covering** - Dates for each specific form.
7. **Invoice No.** – Enter the invoice number supplied by contractor.
8. **Date** – Enter the date of the invoice
9. **Contractor** – Enter the contractor and/or company.
10. **Description of Work** – Enter a brief description of work performed.
11. **Invoice Cost** – Total price of the invoice
12. **Page Total** – Enter the total cost of all invoice costs.
13. **Grant Total** – Enter the sum from all succeeding pages. Used for only page 1.
14. **Certified/Authorized Signature** – Signature of authorized person.
15. **Title** – Job title of authorized person
16. **Date** – Date of signature