



Statewide Mutual Aid Act (SMAA) Intergovernmental Reimbursement Form

Event/Mission Number: _____
Requesting Jurisdiction: _____
Responding Jurisdiction: _____
Dates of Mission: _____

Resource Cost Worksheet:

Personnel Costs

Regular Time \$ _____
Overtime \$ _____
Employer Share of Fringe Benefits \$ _____
Donated personnel costs \$ _____

Total personnel Costs \$ _____

Travel Costs

Air Travel \$ _____
Auto Rental/Gas/Mileage \$ _____
Lodging \$ _____
Vehicle Costs \$ _____
Donated travel costs \$ _____

Total Travel Costs \$ _____

Equipment Costs (detail in remarks below) \$ _____

Contractual Costs \$ _____

Commodities \$ _____

Other Costs (detail in remarks below) \$ _____

Grand Total Donated Costs \$ _____

Grand Total \$ _____

*Provide attachment with cost details, if necessary

Remarks

ATTESTATION AND CERTIFICATION:

This certifies that the totals for each category/claim are exact costs expended by you to perform the services requested in the mission. I also certify that these costs have not been and will not be reimbursed by another entity. All documentation, including the Resource Expense Summary is included with this claim and are subject to review by the State of Utah

Name

Title

Signature

Date