Alaska Fire Standards Council

Contractor Pay Documentation

Course: _____ Date: _____

Contractor: _____ PVN: _____

Hours			
Date	From	To	Hours
Total			

Travel							
Date	Time	Explanation (For meal calculation purposes list departure & arrival times.)	Mileage		Per Diem		Other
			miles	X .54	Meals	Lodg.	
Total							

Hours				
From above:	Rate	30		Total Instructor Fee
Reimbursment				
From above:	Mileage	Meals	Lodging	Other	Reimb. Total:

Itinerary devaition documentation

Did travel deviate from original itinerary? Yes ☐ No ☐

(if yes, complete the section below.)

Reason for itinerary change: _____

Original itinerary dates/times:	Revised itinerary dates/times:
Date:	Date:
Time:	Time:

For mileage reimbursement, please provide ONE of the following:

☐ **A.** Address to/from test site

OR

☐ **B.** Google Map

To:

Address _____

City, State, Zip _____

From:

Address _____

City, State, Zip _____

The below signatures do hereby certify that the above information is a true and accurate account of the hours spent, the rate of pay, and the total amount due the contractor from the Fire Standards Council

Contractor _____ Date

FSC Administrator _____ Date

The above form must be completed and signed by both parties for the instructor to get paid. This documentation must be attached to the contractor memorandum of agreement.

Revised 02/15