

**Bureau of Fire Accreditation, Standards and Training/Alaska Fire Standards Council**  
**Contractor Pay Documentation**

**Test:** \_\_\_\_\_

**Dates:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**PVN:** \_\_\_\_\_

**Hours** Rates: Labor=\$18/hr AFSC FSI I=\$30/hr AFSC FSI II=\$35/hr AFSC FSI III=\$40/hr Certifying Officer=\$30/hr

Test #	Date	Start	Stop	# of Hours	Explanation	Rate	Amount
T-23-							
T-23-							
T-23-							
T-23-							
T-23-							
T-23-							
T-23-							
T-23-							
T-23-							
T-23-							
T-23-							
T-23-							

AFSC Official Use ONLY	
\$	-
Fee (Contractor Pay)	
\$	-
Meals	
\$	-
Lodging	
\$	-
Mileage	
\$	-
Other	
<b>Totals</b>	<b>\$ -</b>

**Travel**

Per Diem Rates Please note that per diem is only payable on trips 50 miles from your residence where you are in travel status for at least 12 hours (AAM 60.020). The amounts are as follows:  1st & Last Day of Travel - \$45  Full Day - \$60  Breakfast - \$12 (Midnight-10am)  Lunch - \$16 (10am-3pm)  Dinner - \$32 (3pm-Midnight)	Date	Time	Explanation <small>(For meal calculation purposes list departure &amp; arrival times.)</small>	Mileage		Per Diem		Other
				miles	X .67	Meals	Lodging	
	<b>Totals</b>				\$ -	\$ -	\$ -	\$ -

**Did travel deviate from original itinerary?** Yes  No  (if yes, complete the section below.)

Reason for itinerary change: \_\_\_\_\_

<b>Original itinerary dates and times</b>		<b>Revised itinerary dates and times</b>	
Date: _____	Time _____	Date: _____	Time _____

**To:** St. Address: \_\_\_\_\_

**For mileage reimbursement, please provide ONE of the following:**

**A.** Address to/from test site City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**OR**

**B.** Google Map (attached w/ pay document) **From:** St. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Approvals**

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 Bureau of Fire Accreditation, Standards and Training.

Contractor _____	Date _____	AFSC Authorization _____	Date _____
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