

SECTION I : ESF AGENCY SUBMISSION

AGENCY:	Environmental Protection Agency	Current Bill Amount:	\$513,533.50
ADDRESS:	123 Your Street	Fiscal POC:	Your Name
	Washington, DC 12345	Phone:	555-555-1234
		Fax:	555-555-4321
		POC EMAIL Address:	Your.Name@agency.gov
Type of Billing:	<input type="checkbox"/> SF#1080	<input checked="" type="checkbox"/> SF 1081 (IPAC)	<input type="checkbox"/> Other:
Agency Location Code:	00-00-0000	FEMA Disaster Number:	1604-DR-MS
Agency Bill Number:	1001	Mission Assignment Number:	EPA-04

Mission Description: provide capability to conduct removal & disposal of actual & potential oil discharges, releases of hazardous materials, pollutants, and contaminants to include household hazardous water debris

Projected Completion Date: _____ Revised Completion Date: _____

This is a partial bill Resubmittal Final Bill no further obligations pending.

The expenditures claimed have been reviewed and are relevant to the mission assigned. Costs are reasonable, supported by source documents maintained by this agency, and are not funded by another source. (Include applicable signatures)

<i>Project Manager</i>	_____	_____	<u>555-555-1245</u>
Primary Agency Project/Program Administrator	Date		Phone
Support Agency Project/Program Administrator	_____	_____	_____
	Date		Phone
<i>Finance Officer</i>	_____	_____	<u>555-555-1234</u>
Primary Agency Financial Officer	Date		Phone
Support Agency Financial Officer	_____	_____	_____
	Date		Phone

Attachments:	<input checked="" type="checkbox"/> SF 1081 (IPAC) <input type="checkbox"/> SF 1080 <input type="checkbox"/> Other Treasury Approved Form	For additional information refer to: National Response Plan (NRP) NRP (National Response Plan) http://www.dhs.gov/dhspublic/interapp/editorial/editorial_0566.xml
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SECTION II : FEMA USE ONLY

LOG# _____ PAYMENT AMOUNT APPROVED: _____

State Cost Share %: _____

State Cost Share Amount: _____

ROUTING	SIGNATURE AND DATE				
FINANCIAL REVIEW					
EXCEPTION: Returned to Agency					
PROGRAM REVIEW					
MAM (MISSION ASSIGNMENT MANAGER)					
** LOGISTICS REVIEW	<table border="1"> <tr> <td></td> <td>YES</td> </tr> <tr> <td></td> <td>NO</td> </tr> </table>		YES		NO
	YES				
	NO				
DRM APPROVAL					
FORWARD FOR REIMBURSEMENT/ PAYMENT					
FINAL PAYMENT / DEOBLIGATION	DE-OBLIGATION AMT: _____				

To receive reimbursement, completion of this form is required.

**** Any bill that includes property will not be considered approved unless Logistics signature is obtained**

