

**SECTION I : ESF AGENCY SUBMISSION**

AGENCY: _____ ADDRESS: _____ _____ _____	Current Bill Amount: _____ Fiscal POC: _____ Phone: _____ Fax: _____ POC EMAIL Address: _____
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Type of Billing:     SF#1080     SF 1081 (IPAC)     Other: \_\_\_\_\_

Agency Location Code: \_\_\_\_\_ FEMA Disaster Number: \_\_\_\_\_

Agency Bill Number: \_\_\_\_\_ Mission Assignment Number: \_\_\_\_\_

Mission Description: \_\_\_\_\_

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)*

Primary Agency Project/Program Administrator	Date	Phone
Support Agency Project/Program Administrator	Date	Phone
Primary Agency Financial Officer	Date	Phone
Support Agency Financial Officer	Date	Phone

Attachments: <input 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) <a href="http://www.dhs.gov/dhspublic/interapp/editorial/editorial_0566.xml">NRP (National Response Plan)</a> <a href="http://www.dhs.gov/dhspublic/interapp/editorial/editorial_0566.xml">http://www.dhs.gov/dhspublic/interapp/editorial/editorial_0566.xml</a>
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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)							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>** LOGISTICS REVIEW</b></td> <td style="width:10%;"></td> <td style="width:20%; text-align: center;"><b>YES</b></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><b>NO</b></td> </tr> </table>	<b>** LOGISTICS REVIEW</b>		<b>YES</b>			<b>NO</b>	
	<b>** LOGISTICS REVIEW</b>		<b>YES</b>				
		<b>NO</b>					
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**

