

**\*\*EXAMPLE – MILEAGE\*\***

**Emergency Equipment Shift Ticket**

1. Agreement Number: 11-F1-11020000-222		2. Contractor/Agency Name: Laramie County Fire Department		3. Resource Order Number: E-54			
4. Incident Name: Big Creek		5. Incident Number: KY-DBF-240035		6. Financial Code: P8A1B2 0802			
7. Equipment Make/Model: Ford F350		8. Equipment Type: Ambulance		9. Serial/VIN Number:		10. License/ID Number: 753QN	

11. If applicable check and complete the following boxes. Use MILITARY TIME and/or real odometer reading. 12. Transport Retained? Yes  No

**Equipment**

13. Is this a First/Last Ticket? (Check if yes) Mobilization <input type="checkbox"/> Demobilization <input type="checkbox"/>		14. Miles <input checked="" type="checkbox"/> Hours <input type="checkbox"/> (Applies to blocks 16-18 below)		Blocks 19-20 Special Rates, indicate type and quantity (ex: 1 Day)		
15. Date	16. Start	17. Stop	18. Total	19. Quantity	20. Type	21. Note Travel/Other remarks
5/1/2024	34478	34538	60	0.5	DAY	Special rate - ALS Kit
5/2/2024				1	DAY	ALS KIT
5/2/2024	34600	34670	70			
5/3/2024				1	DAY	ALS KIT

**Personnel**

22. Date	23. Operator Name (First & Last)	24. Start	25. Stop	26. Start	27. Stop	28. Total	29. Note Travel/Other remarks
5/1/2024	Mary Larsen	1745	2400	0030	0730	.25	
5/2/2024	George Stone	0700	1200	1230	1930	12	ORDER DOUBLE SHIFT
5/2/2024	Mary Larsen	1900	2400	0030	0730	12	ORDER DOUBLE SHIFT
5/3/2024	George Stone	0700	1200	1230	1930	12	ORDER DOUBLE SHIFT

30. Remarks – Provide details of any equipment breakdown or operating issues. Include other information as necessary.  
Day/Night operations support for Div Z; driver door damaged during 5/2 night shift - reported to SOFR Will Watchout.  
Planning crew swap for 5/3 night shift - Mary Larsen replaced by Jane Emmess.

31. Contractor/Agency Representative (Printed Name) George Stone		32. Contractor/Agency Representative (Signature)	
33. Incident Supervisor (Printed Name & Resource Order number) A.C. Band		34. Incident Supervisor (Signature)	