

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5136E-3 (01- 93)	POLLUTION INCIDENT DAILY RESOURCE REPORT	CONTRACTOR/ SUBCONTRACTOR MATERIALS/OTHER EXPENSES Page of RCN-16451-1
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FPN/CERCLA NUMBER	
CONTRACTOR _____	PO/CONTRACT NO. _____
If information below is documented separately, in a form or format previously reviewed and found acceptable by the National Pollution Funds Center and the Contracting Officer, this form need not be completed.	

SUBCONTRACTORS				
Were any subcontractors hired? Yes____ No____				
If yes, list below and attach Sub. Daily Reports				
CLIN	SUBCONTRACTOR'S NAME	COST	ADMIN FEE	TOTAL COST

TOTAL COST OF SUBCONTRACTORS FOR THIS DATE _____

MATERIALS USED/OTHER EXPENSES					
CLIN	DESCRIPTION	UNITS	#USED	UNIT COST	TOTAL COST

TOTAL COST OF MATERIALS USED/EXPENSES FOR THIS DATE _____

<p>CONTRACTORS CERTIFICATION:</p> <p>I certify that this report is a true and complete record of the materials, labor, equipment and subcontractors provided by the contractor on the date listed above for the project number cited above.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Contractor's Authorized Representative</p> <p>ON SCENE COORDINATOR'S/LEAD TRUSTEE'S REVIEW:</p> <p>I certify that inspection and acceptance of the listed items has been made by me or under my supervision, except as noted herein or on supporting documents.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">FOSC/Lead Trustee</p>

DEPARTMENT OF TRANSPORTATION U.S.COAST GUARD CG-5136E-4 (01- 93)	POLLUTION INCIDENT DAILY RESOURCE REPORT	CONTRACTOR SHORT FORM Page ___ of ___ RCN-16451-1
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FPN/CERCLA NUMBER _____	DATE _____
CONTRACTOR _____ PO/CONTRACT NO. _____	
If information below is documented separately, in a form or format previously reviewed and found acceptable by the National Pollution Funds Center and the Contracting Officer, this form need not be completed.	

PERSONNEL									
CLIN	NAME (LAST, FIRST)	HOURS FROM	TO	TOTAL HRS	HOURLY RATE	RATE CHG	PER DIEM	TOTAL COST	

TOTAL COST FOR THIS DATE _____

EQUIPMENT									
CLIN	ITEM DESCRIPTION	RATE BASIS	EMPLOYED FROM	TO	#UNITS	RATE/ UNITS	RATE CHG	NON-RATE	TOTAL COST

TOTAL COST FOR THIS DATE _____

SUBCONTRACTORS				
Were any subcontractors hired? Yes ___ No ___				
If yes, list below and attach Sub. Daily Reports				
CLIN	SUBCONTRACTOR'S NAME	COST	ADMIN FEE	TOTAL COST

TOTAL COST OF SUBCONTRACTORS FOR THIS DATE _____

MATERIALS USED/OTHER EXPENSES					
CLIN	DESCRIPTION	UNIT DESCRIPT	UNITS USED	UNIT COST	TOTAL COST

TOTAL COST OF MATERIALS USED/EXPENSES FOR THIS DATE _____

<p>CONTRACTORS CERTIFICATION:</p> <p>I certify that this report is a true and complete record of the materials, labor, equipment and subcontractors provided by the contractor on the date listed above for the project number cited above.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Contractor's Authorized Representative</p> <p>ON SCENE COORDINATOR'S/LEAD TRUSTEE'S REVIEW:</p> <p>I certify that inspection and acceptance of the listed items has been made by me or under my supervision, except as noted herein or on supporting documents.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">FOSC/Lead Trustee</p>
