

**Rhode Island Department of Environmental Management
Emergency Response
Investigation Expense Report**

Case Number:	Date of Incident:	Time of Incident:
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Names of all DEM personnel involved (including yourself, supervisor, and clerical staff):		Total Hours for each:	
Vehicle(s) Used: <input type="checkbox"/> No <input type="checkbox"/> Yes Number:	Total Miles:	Boat(s) Used: <input type="checkbox"/> No <input type="checkbox"/> Yes Number:	Total Hours:
Other DEM Equipment Used: <input type="checkbox"/> No <input type="checkbox"/> Yes	Description and Cost:		
Lost or Damaged Equipment: <input type="checkbox"/> No <input type="checkbox"/> Yes	Description and Cost:		
DEM Absorbent Pads Used: <input type="checkbox"/> No <input type="checkbox"/> Yes Number:	DEM Granular Absorbent Used: <input type="checkbox"/> No <input type="checkbox"/> Yes Number of bags:	Laboratory Analysis: <input type="checkbox"/> No <input type="checkbox"/> Yes Kind:	Cost of Lab Work:
Photographs Taken: <input type="checkbox"/> No <input type="checkbox"/> Yes Number:	Cost of Photographs (film, developing, printing, etc.):	Phone calls and FAXes: <input type="checkbox"/> No <input type="checkbox"/> Yes	Phone and FAX costs:
Contractor Used: <input type="checkbox"/> No <input type="checkbox"/> Yes Name:	Contractor Charge to DEM:	Description and Cost of Other DEM Resources Used:	

Investigator Name (please print):	Investigator's Signature:	Date Completed:
Supervisor's Name (please print):	Supervisor's Signature:	Date Completed: