Disaster Work Log

Operator Name:	
Land Owner Name:	
Farm Number:	_





	Who Completed Work	Type of Work	Equipment Used	Total Hours Worked	Source of Payment	Total Cost
Date of Work	(Self vs. Hire)	(Equipment Operation, Hand Labor, etc.)	(Size/Type, Including Chainsaw)	(Hours x # People Working)	(Account, Person, etc.)	(Rate Charged/Hr or Acre Included)

* If paid in cash, receipts signed by person doing the work and corresponding to the above information are required. If paid by check, retain cancelled check.

For more information or Questions contact your local USDA-FSA office.