



## BLM ALASKA FIRE SERVICE INCIDENT MANAGEMENT TEAM FINANCE SECTION EVALUATION FORM

Incident Management Team:	Finance Section Chief(s):
Incident Name:	Evaluator:
Incident Dates:	

The following finance criteria should be completed no later than 90 days following the incident as the incident finance paperwork has been closed out and paid. Agency Administrators should coordinate with their respective incident business personnel to ensure that fair and accurate information is provided to the Incident Management Team.

Was the Finance Section following and familiar with the incident agency's Operating Guidelines?
Were follow-up or unresolved issues identified, documented and communicated to the incident agency (i.e., unpaid transactions, medical treatments, rental vehicles, etc.)?
What was the accuracy of the invoices processed? <ul style="list-style-type: none"> <li>What was the percentage of invoices that required corrections?</li> <li>What were the predominant errors?</li> <li>Was the accuracy within the agency's acceptable level?</li> </ul>

Was the incident closed out as instructed in the Operating Guidelines and the Interagency Incident Business Management Handbook (IIBMH)?

- Were AD timesheets completed according to payment center guidelines?
- Were cooperators given appropriate documents following the terms of the agreement?
- Were OF-288s completed when required for cooperators?
- Were original documents given to the cooperator when required in the agreement?

If requested, did the Finance Section keep all agency administrators apprised of the daily costs or portions of these costs?

Did the Finance Section request additional assistance from the local unit?

Did the Finance Section communicate issues during the fire?

Were the Home Unit Finance Contacts added to the FireNet Teams Incident, Finance in-box, and elsuite?

Was lost and damaged property properly documented?

Was accountable property returned to the incident agency?

Additional information and/or comments:

COMPLETED BY:	EVALUATOR CONTACT INFORMATION
Name:	Email:
Date:	Phone:

ZONE FIRE MANAGEMENT OFFICER REVIEW:	ZONE FIRE MANAGEMENT OFFICER CONTACT INFORMATION
Name:	Email:
Date:	Phone:

Route to: Incident Commander and Zone Fire Management Officer