FRRCSI Force Account Equipment Claim Calculation Form

Railroad/Entity:_____

Date period for claim (m/yr - m/yr): _____

Equipment Type (from Annual Certification List)	Rate Type Used (Select drop-down)	Hourly Rate	Total Hours	Total Charge This Claim
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
	Running			$ 0.00
Total Equipment Charge:				$ 0.00