

COMMISSARY ISSUE RECORD				1. FIRE LOCATION				2. FIRE NAME				3. FIRE NO											
				4. FIRE CAMP NAME				5. FIRE CAMP NO.				6. DATE				7. SHEET NO. 1 OF 1							
8. COMMODITY →								9. TOTAL COST				10. CREW IDENT.				11. PURCHASER'S NAME (Print) AND SIGNATURE				12. I.D. No. (from OF—288 Emergen- cy F.F. Time Re- port			
A				UNIT PRICE												SIGNATURE				I.D. NO.			
				QUANTITY																INITIALS			
				SUB-TOTAL																			
B				UNIT PRICE												SIGNATURE				I.D. NO.			
				QUANTITY																INITIALS			
				SUB-TOTAL																			
C				UNIT PRICE												SIGNATURE				I.D. NO.			
				QUANTITY																INITIALS			
				SUB-TOTAL																			
D				UNIT PRICE												SIGNATURE				I.D. NO.			
				QUANTITY																INITIALS			
				SUB-TOTAL																			
E				UNIT PRICE												SIGNATURE				I.D. NO.			
				QUANTITY																INITIALS			
				SUB-TOTAL																			
F				UNIT PRICE												SIGNATURE				I.D. NO.			
				QUANTITY																INITIALS			
				SUB-TOTAL																			
G				UNIT PRICE												SIGNATURE				I.D. NO.			
				QUANTITY																INITIALS			
				SUB-TOTAL																			
H				UNIT PRICE												SIGNATURE				I.D. NO.			
				QUANTITY																INITIALS			
				SUB-TOTAL																			
I				UNIT PRICE												SIGNATURE				I.D. NO.			
				QUANTITY																INITIALS			
				SUB-TOTAL																			
J				UNIT PRICE												SIGNATURE				I.D. NO.			
				QUANTITY																INITIALS			
				SUB-TOTAL																			

NSN 7540-01-120-4063

Original – Commissary

OPTIONAL FORM 287(9-81)
USDA/USDI
50287-101

COMMISSARY ACCOUNTABILITY RECORD		1. PROJECT		3. REPORT NUMBER			
		2. CAMP NAME					
4. VALUE OF STOCK RECEIVED, TRANSFERRED OR RETURNED SINCE LAST REPORT							
a.	P.O. INVOICE OR TRANSFER NO.	b.	DATE	c.	VENDOR or TRANSFER UNIT	d.	DOLLAR VALUE
	1)						
	2)						
	3)						
	4)						
	5)						
	6)						
	7)						
	8)						
	9)						
	10)						
	11)						
	12)						
		e.	NET CHANGE				
5. VALUE OF STOCK ON HAND <i>(Form 9 from previous report)</i>							
6. TOTAL <i>(Item 4a plus item 5)</i>							
7. VALUE OF STOCK ISSUED DURING PERIOD <i>(Attach commissary manager copies of OF-287, Commissary Issue Record)</i>							
8. BALANCE <i>(Item 6 minus item 7)</i>							
9. VALUE OF STOCK ON HAND <i>(Physical inventory attached)</i>							
10. DIFFERENCE <i>(Items 8 & 9)</i>		<input type="checkbox"/>	PLUS	<i>(Explain in Remarks)</i>			
		<input type="checkbox"/>	MINUS				
11. REMARKS							
12. AUTHORIZED SIGNATURE		13. TITLE		14. DATE			
<i>I certify that I have determined the accuracy of item 9 and hereby accept responsibility for all items represented</i>							
15. SIGNATURE		16. TITLE		17. DATE			

COMMISSARY PHYSICAL INVENTORY

DATE: _____

STARTING INVENTORY	# ON HAND UNITS	PRICE	# ISSUED	\$ AMT ISSUED	# ON HAND	\$ ON HAND	S / H	DIFFERENCE
TOTAL								

Beginning Balance _____

Value of Stock Issued _____

Balance _____

Value of Stock on Hand _____

Difference +/- _____

INCIDENT TIME REPORT															1. Hired At (e.g., ID-BOF)					
2. Employee Common Identifier					3. Type of Employment (X One) <input type="checkbox"/> Casual <input type="checkbox"/> Federal <input type="checkbox"/> Other					4. Hiring Unit Name (e.g., Ranger District)										
5. Name (First, Middle, Last)										6. Hiring Unit Phone Number					7. Hiring Unit Fax Number					
Column A					Column B					Column C					Column D					
8. Incident Name					8. Incident Name					8. Incident Name					8. Incident Name					
9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					
10. Fire Code (e.g., B2C5)			11. Resource Request Number (e.g., O-33)		10. Fire Code (e.g., B2C5)			11. Resource Request Number (e.g., O-33)		10. Fire Code (e.g., B2C5)			11. Resource Request Number (e.g., O-33)		10. Fire Code (e.g., B2C5)			11. Resource Request Number (e.g., O-33)		
12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		
15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	
Year	2022		16. Total Hours		Year	2022		16. Total Hours		Year	2022		16. Total Hours		Year	2022		16. Total Hours		
<i>In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel</i>															17. Total Hours (all columns):					
18. Commissary and Travel										For Payment Center use only										
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)			18d. Reimbursement		18e. Deduction		18f. Firecode											
Total				\$			\$													
19. Remarks										20. Employee Signature										
										21. Time Officer Signature										

NOTE: The above items are correct and proper for payment from available appropriations.