

**CONTRACT CLAIMS**

**DETERMINATION & FINDINGS**

*To accompany the Fire Payment Approval Form*

INCIDENT NAME: \_\_\_\_\_

DATE DAMAGE OCCURRED \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

ORIGINAL RESOURCE ORDER #: \_\_\_\_\_

EQUIPMENT MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

EQUIPMENT HIRED BY: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_

WORK HIRED TO PERFORM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTRACTOR EVENT SUMMARY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DESCRIBE EQUIPMENT DAMAGE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CLAIM AMOUNT REQUESTED: \$ \_\_\_\_\_

S # ISSUED: \_\_\_\_\_

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CONTRACTING OFFICER'S FINDINGS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**DETERMINATION**

1. In accordance with Clause #15 Loss, Damage, or Destruction; and/or \_\_\_\_\_

2. I hereby determine that \_\_\_\_\_

3. A payment of \$ \_\_\_\_\_ is offered as payment in full for the damage claimed, or

4. Claim denied for \_\_\_\_\_

\_\_\_\_\_  
**DNRC Authorized Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Additional Authorization (if Required)**

\_\_\_\_\_  
**Date**

**RELEASE**

Contract release for and in consideration of receipt of payment in the amount shown in Item 3 or the Determination; or in case of a denial-#4, Contractor hereby releases the DNRC from any, and all claims arising under this agreement.

\_\_\_\_\_  
**Contractor Signature**

\_\_\_\_\_  
**Date**