

Agricultural 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.

Agricultural Disaster Purchase Log

Operator Name: _____

Land Owner Name: _____

Farm Number: _____



Date	Purchase Point	Item(s)/Quantity	Purpose	Source of Payment	Cost

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