



**Deer Mountain Fire Protection District**  
**6181 County Road 28, Cotopaxi, Colorado 81223**

**National Fire/Incident Payment Agreement 2021**

I, **Deer Mountain Fire Protection District (DMFPD)** Firefighter/EMT:

\_\_\_\_\_ hereby agree to the following National Fire incident wage payment plan:  
(print name)

Firefighter/Engine Boss must submit all applicable paperwork (288) and all receipts to DMFPD Wildland coordinator within 3 days of returning from incident. Copies of all receipts for which the district credit card was used must also be given to DMFPD Treasurer within three (3) days of returning.

Firefighters/EMT's agreed to accept 90% of wages due after they returned from the incident and the balance of wages due and per diem to be paid after the Deer Mountain Fire Protection District receives final billing approval and payment for an incident.

Firefighter/EMT's agreed to use district credit card only for lodging, fuel, emergency repairs and equipment while on an incident and traveling to/from an incident with DMFPD trucks. Firefighter/EMT agrees to reimburse DMFPD for lodging and agree that their lodging cost will be taken out of their per diem prior to DMFPD paying them their per diem. DMFPD credit cards are not for use by individuals on incidents for single resources. Firefighter/EMT's are responsible for paying for all meals not provided by the incident. Credit card holders are responsible for calling the number on the cards to notify card company of travel plans out of state, so the District credit card is not shut down. Credit card holders are also responsible for notifying the District Treasurer if necessary, that they are leaving for an incident and will be using their card, prior to leaving.

Deer Mountain Fire Protection District agrees to pay 90% of wages due for incident within fifteen (15) days of receipt of receiving the completed incident paperwork and all receipts from the Engine Boss. DMFPD agrees to pay a balance of wages due and per diem within 15 days of receipt of final billing approval and payment from the state of Colorado.

\_\_\_\_\_  
Firefighter/EMT

\_\_\_\_\_  
Date

\_\_\_\_\_  
DMFPD Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
DMFPD Treasurer

\_\_\_\_\_  
Date