Daily Cost Estimate
Please complete this spreadsheet and e-mail to Finance when an Emergency/Disaster effort is established.
Payroll Rep. Name:
Department:

Date	# of staff involved	Est. Straight Hours	Est. OT Hours
Sample:			
06/12/20XX	2	1	1
06/12/20XX	3	27	0
06/12/20XX	4	32	20