



**Red Highlighted Section:**

\*All fields in this section are required.

<b>Department number</b>	3-digit number for your department.
<b>Department name</b>	Name of fire department.
<b>County</b>	County fire department is in.
<b>Contact person</b>	Please list the name of the person who can answer questions or send us documentation if needed for the proof of purchase.
<b>Phone number</b>	This should be the contact person's phone number.
<b>Email</b>	This should be the contact person's email address.

**Yellow Highlighted Section:**

<b>Vendor name</b>	Please add the name(s) of the vendors for these expenses.
<b>Type of payment</b>	How did you pay these expenses (Check, automatic payments, etc.)
<b>Total expense for the year</b>	How much was the expense with that vendor for the year.

**Blue Highlighted Section:**

<b>Vendor name</b>	Add the name of the vendor.
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<b>Invoice number</b>	Put the invoice number that appears on each invoice associated with this purchase.
<b>Equipment Categories</b>	You will choose which category from the approved equipment list that the expense fits.
<b>Check or transaction number</b>	Provide the check or transaction number that you used to pay the invoice.
<b>Transaction amount</b>	Put the amount that state-aid will be covering for invoice.
<b>Total of expenses</b>	When the amounts are put in for each expense it will automatically calculate the total of all expenses.

**Green Highlighted Section:**

\*All fields in this section are required.

**Signature** Type your name.

**Date** Put the date that you signed the form.