

Date

2024-2025 PROOF OF PURCHASE



Signature of Authorized Certifying Official

	STATE FIRE RESCUE TRAINING			STATE FIRE RESCUE	TRAINING		
FIRE DEPARTMENT INFORMATION							
Department Number	Number Department Name			County	Federal I	D Number	
	Contact Person Phone N		mber		Email		
HOW MANY PERSONNEL?							
Vo	olunteers Part	t-time	Care	eer/Professional	Total on roster (NO JUNOIRS O	R DEPARTMENT EMPLOYEES)	
LOANS (ALL LOANS RELATED TO FIRE DEPARTMENT DEBT)							
Bank	Bank or Lendor Account Number What is the loan for? Payment Amount			Payment Schedule (Monthly, Quarterly, Annually)	Start Date	End Date	
				Annuanyj			
			EXPENDITURES				
					_		
Invoices must	be for items purchased from July 1, 2024 to June shall be kept for compliance inspec	30,2025. Forms must be tion nurposes at the fir	oe returned by JULY 31, 2 re department. Submit al	2025. All related invoices and ball forms through email: fdstateai	ank statements sent in w id@kctcs.edu	ith this form and	
			OR NAME	PURPOSE AND ACCOUNT NUMBER	TYPE OF PAYMENT	TOTAL EXPENSE STATE-AID	
Insurance	Station and apparatus up to \$5,000					WILL COVER	
Insurance							
Utilities	Electric, water and heating gas up to \$4,000						
Internet	Up to \$1,200 (does not include phone)						
		VENDO	D NIAME	DUDDOCE AND ACCOUNT NUMBED	Type of Daymont	TOTAL EVDENCE	
		VENDC	OR NAME	PURPOSE AND ACCOUNT NUMBER	Type of Payment	TOTAL EXPENSE	
Loans	Fire Commission loan or department loan						
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Saving	Must be in a savings account, no partial savings and send bank statement						
VENI	VENDOR NAME INVOICE NUMBER(S) DESCRIPTION OF ITEMS PURCI			HASED	CHECK, CREDIT CARD # AND DATE, OR TRANSACTION	TOTAL EXPENSE	
					NUMBER		
		TOTAL OF EXPENSE	ES				
I, the undersigned, attest to the fact that the information in this document is accurate and correct.							