



## 2017 PROOF OF PURCHASE

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Department Number (      )	Department Name	County
Phone Number	Email	Federal ID Number

Invoices must be for items purchased from **July 1, 2017 to June 30, 2018**. Per 739 KAR 2:050, a copy of the itemized invoice and a copy of the cancelled check, bank photocopy, or bank statement is acceptable. **They MUST be attached for items purchased with State Aid funds, and be returned by JULY 31, 2018.**

**Mail to: Kentucky Fire Commission, Attn: State Aid, 118 James Court, Lexington KY 40505**  
**Email: [Rebecca.blair@kctcs.edu](mailto:Rebecca.blair@kctcs.edu)**

### ITEM(s) and METHOD OF PAYMENT

NAME ON VENDOR INVOICE	ITEM PURCHASED BRIEF DESCRIPTION	CHECK NUMBER	CHECK OR CASH AMOUNT

I the undersigned attest to the fact that the above items were purchased by the fire department.

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Signature of Authorized Certifying Official	Date
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