

2025-2026 PROOF OF PURCHASE



FIRE CO		FIRE COMMISSION STATE FIRE RESCUE TRAINING						
FIRE DEPARTMENT INFORMATION								
Department Number	Departr	ment Name		County	Federal	ID Number		
Contact Person		Phone Number		Email				
HOW MANY PERSONNEL? Volunteers Career/Professional Total on roster (INIORS OR DEPARTMENT		
	dar cer y r r oressionar			EMPLOYEES)				
LOANS (ALL LOANS RELATED TO FIRE DEPARTMENT DEBT)								
Bank or Lender	Account Number	What is the loan for?	Payment Amount	Payment Schedule (Monthly, Quarterly, Annually) and Due Date(s)	Start Date	End Date		
EXPENDITURES								
Invoices must be for items purchased from July 1, 2025 to June 30, 2026. Forms are due by September 30, 2026, if turned in after this date, the Fire								
Commission will not accomodate for any reason. All related invoices and bank statements shall be turned in with this form. Also, for compliance inspection purposes, kept at the fire department. Submit all forms through email: fdstateaid@kctcs.edu								
		VENDO	RNAME	PURPOSE AND ACCOUNT NUMBER	TYPE OF PAYMENT	TOTAL EXPENSE STATE-AID WILL COVER		
Insurance Station and appa	ratus up to \$5,000							
Utilities Electric, water and heating gas up to \$4,000								
Internet Up to \$1,200 (does not include phone)								
		VENDO	RNAME	PURPOSE AND ACCOUNT NUMBER	Type of Payment	TOTAL EXPENSE		
Loans Fire Commission loan or department loan								
Loans Fire Commission loan or department loan								
Saving Must be in a savings account, no partial savings and send bank statement								

VENDOR NAME	INVOICE NUMBER(S)	DESCRIPTION OF ITEMS PURCHASED	CHECK # CREDIT CARD # TOTAL EXPENSE AND DATE				
TOTAL OF EXPENSES							
I, the undersigned, attest to the fact that the information in this document is accurate and correct.							
Signature of A	Authorized Certi	fying Official	Date				