



QUARTERLY FISCAL YEAR REPORT

<p>1. _____ Fire Department Fire Department Number</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City Zip Code</p>	<p>2. Quarterly Ending:</p>												
<p>3. Firefighters Incentive Pay received this quarter:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">A. Received for Month of:</td> <td style="width: 20%; text-align: center;">\$</td> </tr> <tr> <td>Received for Month of:</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Received for Month of:</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>B. Total Received this Quarter:</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>C. Total Funds Disbursed:</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>D. Balance-Plus or Minus:</td> <td style="text-align: center;">\$</td> </tr> </table>		A. Received for Month of:	\$	Received for Month of:	\$	Received for Month of:	\$	B. Total Received this Quarter:	\$	C. Total Funds Disbursed:	\$	D. Balance-Plus or Minus:	\$
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B. Total Received this Quarter:	\$												
C. Total Funds Disbursed:	\$												
D. Balance-Plus or Minus:	\$												
<p>4. Number of eligible firefighters for this quarter:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">A. Paid for Month of:</td> <td style="width: 20%; text-align: center;">#</td> </tr> <tr> <td>Paid for Month of:</td> <td style="text-align: center;">#</td> </tr> <tr> <td>Paid for Month of:</td> <td style="text-align: center;">#</td> </tr> <tr> <td>B. Total Number of Eligible Firefighters:</td> <td></td> </tr> </table>		A. Paid for Month of:	#	Paid for Month of:	#	Paid for Month of:	#	B. Total Number of Eligible Firefighters:					
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B. Total Number of Eligible Firefighters:													
<p>5. Explanation for differences:</p>													
<p>6. Enter on form KYFC (reverse side of this page):</p> <p>A. Firefighter name, firefighter number, date of employment, number of hours worked annually, and the number of training hours received this year.</p> <p>B. A report of all changes which have affected the payment of firefighter incentive monies during the quarter, such as:</p> <ol style="list-style-type: none"> 1) New Firefighters* 2) Suspensions 3) Retroactive Payments 4) Resignations and retirements 													
<p>*If firefighter is re-employed, please list their most recent date of employment</p>													
<p>Certification: I certify that the information in this report is correct, based on the Local Units Official accounting system and records, consistently applied and maintained, and that expenditures shown have been for the purpose of, and in accordance with, applicable terms and conditions.</p>													
<table style="width: 100%; border-top: 1px solid black;"> <tr> <td style="width: 50%;">Signature of Authorized Fiscal Officer</td> <td style="width: 25%;">Title</td> <td style="width: 25%;">Date</td> </tr> </table>		Signature of Authorized Fiscal Officer	Title	Date									
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