FIRE INVOICE	Date Stamps:						
Packet #: (FDO Use Only)	Unit / Land Office		Forestry Division Office				
Vendor: Resource Type:			Land Office: License or SN:				
Incident Name:	Service Dates(s):		RO # / IA + Ordering FMO/AFMO				
Resource Status: Released Interim Payment Personnel Pay Submitted Separately							
Source Documentation Checklist / Submission Order: <ul> <li>LGFF Invoice</li> <li>OF-286 Invoice (Original for each incident)</li> <li>Invoice additions/deductions sheet</li> <li>OF-297 Shift Tickets</li> </ul>		<ul> <li>□ OF-296 Equipment Inspection, or</li> <li>□ No Damage/No Claims written in block 22 of the Use Inv?</li> <li>□ OF-294 EERA, IRA, Land Use Agr or other (specify):</li> </ul>					
<ul> <li>OF-304 Fuel and Oil Issue Ticket(s)</li> <li>Travel receipts (Lodging, Baggage Fee, Parking, etc.)</li> <li>Travel or excessive hours authorization GM</li> <li>Claim Included</li> <li>Other</li> </ul>		<ul> <li>Resource Order or IA and Ordering Sup listed above</li> <li>Before Sending to FDO:         <ul> <li>List Private Vendor TIN on OF-286 and/or Vendor Inv (Do not list TIN on Fire Payment Approval Sheet)</li> <li>Vendor Phone No(s):</li> </ul> </li> </ul>					
Remarks / Justification:							

□ Staffed Station □ Personnel Time Only

Invoice Modification Summary: (Amount, description, etc. Create a continuation sheet if necessary.)

Invoice Allocation:	<b>Private Contractor:</b> Unoperated62555 Fully-Operated621A5	<b>Local Gov't:</b> Unoperated62554 Fully-Operated621A4	Vehicle Damage/ Repair628A7 Land Use62501 Crews/Pers62132	Non-Emp In-State: Mileage62489 Meals62490 Lodging62497	Non-Emp Out-of-State: Mileage
Org:					Invoice Total
Account:					Invoice Total
Amount:					

Compiled/Audited/Approved By:

Final Audit/Approved By: