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Packet #: _		(FDO Use Only)	Unit / Land Office		Forestry Division Offic	e	
Vendor:				La	and Office:		
Resource Type:				License or SN:			
Incident Name:			Service Dates(s):		RO # / IA + Ordering FMO/AFMO		
Resource S		d 🗆 Interim	Payment \square P	ersonnel Pay Submi	tted Separately		
Source Document Checklist: ☐ OF-286 Invoice (Original for each incident) ☐ OF-297 Shift Tickets				□ OF-294 EERA, IRA, Land Use, or other (specify):			
If Necessary: ☐ Invoice additions/deductions sheet ☐ OF-304 Fuel and Oil Issue ☐ Travel receipts				 □ OF-296 Equipment Inspection or □ No Damage/No Claims written in block 22 of the Use Invoice □ Resource Order or IA + Ordering Supervisor Name □ Other 			
□ Travel or excessive hours authorization□ Claim included				 □ Vendor TIN indicated on OF-286 and/or Vendor Inv (Do not list TIN on Fire Payment Approval Sheet) □ Vendor Phone No: 			
Remarks /	Justification:				_		
	tation						
Invoice Modification Summary: (Amount, description, etc. Create a continuation sheet if necessary.)							
Invoice Allocation:	Private Contractor: Unoperated62555 Fully-Operated621A5	Local Gov't: Unoperated62 Fully-Operated62		Land Use 62501	Non-Emp In-State: Mileage62489 Meals62490 Lodging62497	Non-Emp Out-of-State: Mileage62491 Meals62492 Lodging62493	
Org:				,		Invoice Total	
Account:						invoice rotai	
Amount:							
Compiled/Audited/Approved By: Final Audit/Approved By:							
Unit / Land	Office / Preparer Sign	ature: Da	te: Fo	orestry Division Office	Date:		

Revised July 2021