## 

Date Stamps:

Unit / Land Office Forestry Division Office

**FIRE INVOICE**

## **APPROVAL SHEET**

Packet #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (FDO Use Only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vendor: |  | | Land Office: |  |
| Resource Type: | |  | License or SN: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Incident Name: |  | Service Dates(s): |  | RO # / IA + Ordering FMO/AFMO |
|  |  |  |  |  |

Resource Status: Released Interim Payment Personnel Pay Submitted Separately

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Source Document Checklist: | | | | | |
| * OF-286 Invoice (Original for each incident) | * OF-294 EERA, IRA, Land Use, or other (specify): | | | | |
| * OF-297 Shift Tickets |  | |  | | |
| If Necessary: | * OF-296 Equipment Inspection or | | | | |
| * Invoice additions/deductions sheet |  | * No Damage/No Claims written in block 22 of the Use Invoice | | | |
| * OF-304 Fuel and Oil Issue | * Resource Order or IA + Ordering Supervisor Name | | | | |
| * Travel receipts | * Other | | |  | |
| * Travel or excessive hours authorization | * Vendor TIN indicated on OF-286 and/or Vendor Inv | | | | |
| * Claim included | (Do not list TIN on Fire Payment Approval Sheet) | | | | |
|  | * Vendor Phone No: | | | |  |

|  |
| --- |
| Remarks / Justification: |
| □ Staffed Station □ Personnel Time Only |

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Invoice Allocation:** | **Private Contractor:**  Unoperated………62555  Fully-Operated…621A5 | | **Local Gov’t:**  Unoperated…..….62554  Fully-Operated…621A4 | | **Fuel:**  Unleaded…62216  Diesel………62242 | | Vehicle Damage/  Repair………...628A7  Land Use.........62501  Crews/Pers…62132 | **Non-Emp In-State:**  Mileage…...…62489  Meals….…..…62490  Lodging…..…62497 | **Non-Emp Out-of-State:**  Mileage………...…..62491  Meals…..……………62492  Lodging……..…......62493 |
| Org: |  |  | |  | |  | |  | **Invoice Total** |
| Account: |  |  | |  | |  | |  |
| Amount: |  |  | |  | |  | |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Compiled/Audited/Approved By: | | | | Final Audit/Approved By: | | |
|  |  |  |  |  |  |  |
| Unit / Land Office / Preparer Signature: |  | Date: | | Forestry Division Office Signature: | | Date: |

*Revised July 2021*