##

 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………62555Fully-Operated…621A5 | **Local Gov’t:**Unoperated…..….62554Fully-Operated…621A4 | **Fuel:**Unleaded…62216Diesel………62242 | Vehicle Damage/Repair………...628A7Land Use.........62501Crews/Pers…62132 | **Non-Emp In-State:**Mileage…...…62489Meals….…..…62490Lodging…..…62497 | **Non-Emp Out-of-State:**Mileage………...…..62491Meals…..……………62492Lodging……..…......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*