



# SCOTTS VALLEY FIRE PROTECTION DISTRICT

7 Erba Lane, Scotts Valley, California 95066 (831) 438-0211 Fax (831) 438-0383

## CAL Card Charge Slip

Card Holder: \_\_\_\_\_

Vendor: \_\_\_\_\_

Amount of Charge: \$ \_\_\_\_\_ Date of Charge: \_\_\_\_\_

Education Class: \_\_\_\_\_ Class Date: \_\_\_\_\_ Ed Reimb.:  Yes

Index:  685010 – General Fund  685040 – SCHMIT

\* General Fund and SCHMIT Accounts

**Subsubject Account:**

- |        |                          |                                 |        |                          |                          |
|--------|--------------------------|---------------------------------|--------|--------------------------|--------------------------|
| 61110* | <input type="checkbox"/> | Clothing & Personal Items PPE   | 62020  | <input type="checkbox"/> | Membership               |
| 61125  | <input type="checkbox"/> | Uniform Replacement             | 62111  | <input type="checkbox"/> | Miscellaneous            |
| 61221* | <input type="checkbox"/> | Telephone & Internet            | 62223  | <input type="checkbox"/> | Office Supplies          |
| 61310  | <input type="checkbox"/> | Food                            | 62500  | <input type="checkbox"/> | Equipment Rental         |
| 61425  | <input type="checkbox"/> | Station Supplies                | 62715* | <input type="checkbox"/> | Small Tools              |
| 61720* | <input type="checkbox"/> | Maintenance – Mobile Equipment  | 62888* | <input type="checkbox"/> | Special District Expense |
| 61725* | <input type="checkbox"/> | Maintenance – Office Equipment  | 62890  | <input type="checkbox"/> | Subscriptions            |
| 61730* | <input type="checkbox"/> | Maintenance – Other Equipment   | 62914* | <input type="checkbox"/> | Education & Training     |
| 61845  | <input type="checkbox"/> | Maintenance – Structure/Grounds | 62930  | <input type="checkbox"/> | Conference               |
| 61920* | <input type="checkbox"/> | Medical Supplies                |        | <input type="checkbox"/> |                          |

Description of CAL Card purchase and attach an ORIGINAL, ITEMIZED RECEIPT.

\_\_\_\_\_  
\_\_\_\_\_

For all Education Classes, list the attendees in the Description above and any pertinent information.

I certify that the purchase listed is true, correct and for official business only. Payment is authorized.

Ordered By: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Officer Approval: \_\_\_\_\_ Date: \_\_\_\_\_