



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
☐ 685030 – Capital Outlay/Zone A ☐ 685040 – SCHMIT

Subobject 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: _____