

CLAIMS PAYMENT REQUEST

District Name Fire District #6
 Period Ending: 4/6/2020
 Date Submitted 4/6/202

Designate if you are picking up the warrants or if we are to mail. (If picking up, they will be in the Treasurer's Office.)

Fund Number 65161.000
 Pickup _____
 Mail to us X

s	Invoice Date	Vendor #	Vendor Name	g or s (Goods or Service)	Quantity	Cost per Unit	Total Invoice	1099 Box	Bars Number	Line #	Description	Account Type	Check Group
PP3045	2/19/2020	0030967	Pioneer Propane	g	1	728.07	728.07	0	65161.000.52220.48.0010	1	Propane tank +installation	E	FD6
1416	4/5/2020	0041941	3 Phase Electric	g	1	27621.68	27621.68	0	65161.000.52220.48.0010	1	Generator + installation	E	FD6

Grand Total: 28,349.75

I do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is a just, due, and unpaid obligation against the district. I am authorized to authenticate and certify to these claims. Materials backing up these claims will be retained by the district according to state law and are available to the public on request.

 Signature

 Secretary/Treasurer
 Title

Board Authorization: As the duly elected board member for the the district named above, we reviewed the claims listed above. We hereby certify that the services or merchandise herein specified have been received and that the claims listed above are hereby approved for payments. Materials backing up these claims will be retained and made available to the public on request according to Washington State Law.

 Commissioner Chip Keen

 Commissioner Tom Rosmond

 Commissioner Scott Horton

4/6/2020
 Date