

1000 - 420600 Emergency Management

Date: \_\_\_\_\_

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

<b>Line Item</b>	<b>Description</b>	<b>Amount</b>
212	Inventory items over \$50	_____
214	Other Office Supplies	_____
229	Other Operating Supplies	_____
231	Gasl, Diesel Fuel Etc.	_____
330	Publications, Subscrip, Dues	_____
341	Electric	_____
344	Gas Utility Service	_____
345	Telephone	_____
357	Other Professional Services	_____
361	M.V. Repair & Maint	_____
367	Safety Equipment	_____
373	Meals, Lodging, & Travel	_____
381	Schooling-Tuition	_____
399	Contingency Fund	_____
513	Liability Insurance	_____
947	Vehicles And Equipment	_____

Submitted by: \_\_\_\_\_ Total Amount \_\_\_\_\_

Detail: