

AD HOC PAYMENT REQUEST

DATE OF REQUEST: 3/10/26

REQUESTING AGENCY: Tracy Rural Fire District

REQUESTOR'S CONTACT INFO: 209-834-7269

PAYEE NAME Tracy Rural Fire District

ADDRESS PO Box 731

CITY, STATE, ZIP Tracy, CA 95378

PAYMENT TYPE Check / Money Order

HANDLING CODE Tracy Fire

ADDITIONAL NOTES FOR PROCESSOR:

****Please Issue Separate Checks****

MEMO (Prints on Check) **See Line Memo for both checks**

EXT. REFERENCE (Account or Invoice #)

	ITEM DESCRIPTION	SPEND CATEGORY	TOTAL AMOUNT REQUESTED	LINE MEMO	FUND	COST CENTER
1	JPA Costs	62348SC - Agency Fund Disbursement	3,917,587.56	3rd Installment FY25-26	4223FD Tracy Rural Fire	40258CC Tracy Rural Fire
2	City of Tracy PERS:UAL	62348SC - Agency Fund Disbursement	650,000.00	PERS:UAL FY25-26	4223FD Tracy Rural Fire	40258CC Tracy Rural Fire
3						
4						
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10						
			4,567,587.56			

MANDATORY: * ATTACH ORIGINAL INVOICE *

Claim examined and approved pursuant to GOV. Code Sec. 29741
 JEFFERY M. WOLTKAMP, CPA
 County Auditor-Controller

AUTHORIZED SIGNATURE: Craig Miller, Chairman

by: _____ Deputy

Date: 3/10/26