SPECIAL DISTRICT PAYMENT REQUEST

DATE OF REQUEST: 7/7/26

E-mail this form with supporting back up documents to *ASpecialDistrictAP@sjgov.org*

REQUESTING AGENCY: Tracy Rural County Fire Protection District

REQUESTOR'S CONTACT INFO: 209-834-7269

PAYMENT TYPE: Check

HANDLING CODE: Tracy Fire

ADDITIONAL NOTES FOR PROCESSOR:

	VENDOR NAME	VENDOR ADDRESS	Item Description	FUND	Cost Center	SPEND CATEGORY	TOTAL AMOUNT REQUESTED	ACO USE ONLY: INVOICE #.
1	South San Joaquin County Fire Authority	835 N. Central Ave, Tracy, CA 95376	1st Installment / operation costs	4223FD Tracy Rural Fire	40258CC Tracy Rural Fire	62348SC - Agency Fund Disbursement	4,154,033.12	
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Claim examined and approved pursuant to GOV. Code Sec. 29741

AUTHORIZED SIGNATURES:

JEFFERY M. WOLTKAMP, CPA
County Auditor-Controller

(Type in Name, Title)
Date: 7/7/26

(Type in Name, Title)
Date: 7/7/26

by: _____
Deputy

(Type in Name, Title)
Date: 7/7/26

For updates to this form, please email ASpecialDistrictAP@sjgov.org