

SPECIAL DISTRICT PAYMENT REQUEST

DATE OF REQUEST:

6/9/26

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	Tracy Rural Fire District	PO Box 731, Tracy CA 95678	Fund Transfer	4223FD Tracy Rural Fire	40258CC Tracy Rural Fire	62350SC - Agency Fund Disbursement - Transfer	1,500,000.00	
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Claim examined and approved pursuant to GOV. Code Sec. 29741

AUTHORIZED SIGNATURES:

(Type in Name, Title)
Date: 6/9/26

(Type in Name, Title)
Date: 6/9/26

JEFFERY M. WOLTKAMP, CPA
County Auditor-Controller
by: _____
Deputy

(Type in Name, Title)
Date: 6/9/26