State of Idaho
Military Division
Bureau of Emergency Medical Services

IDAHO EMS ACCOUNT III DEDICATED GRANTS PROGRAM ACCOUNTING FORM

Agencies are required to document the receipt, purchase, and payment of the equipment and/or vehicle within 30 days of delivery through completion of this document and submitting it with the following back up documents:

1. Invoice from Vendor to include:
   - **a.** Vendor Name and Address
   - **b.** Date of Purchase
   - **c.** Amount Due
   - **d.** Description for Each Purchased Item
2. Proof of Payment, through **one of the three** options:
   - **a.** Copy of the ***processed*** check, both front AND back with vendor endorsement
   - b. Copy of bank statement with same payment amount as noted on vendor invoice
   - **c.** Vendor statement that shows a zero balance or payment has been received in full.

Please Note: A "PAID" stamp or handwritten notation is insufficient to show proof of payment.

Agency Name _____ Subgrant Number _____

Date of Delivery	Item Type	Serial Number or Other Unique Identifying Number	Amount of:		Difference (award – invoice)
			Award	Invoice	
				Total Amount to be Refunded:	

Serial or unique identifying numbers are only required if the individual item is over $2,000

Printed Name and Signature _____ Date _____

If your award was for a vehicle purchase and you are replacing a vehicle, please also complete the following:

Vehicle Year, Make & Model _____ VIN # _____

Will the replaced vehicle remain in the Agency's possession: _____ Yes _____ No

If no, it was/will be _____ Donated _____ Sold on: _____ *(date)*

Disposition Narrative: _____

Return this completed form and the supporting documents to: EMSGrants@dhw.idaho.gov or by mail to: Idaho Bureau of Emergency Medical Services Attn: EMS III Grants; 4732 S. Ingalls Street, Bldg. 668; Boise, ID 83705-5004

Revised: 07/07/25; 03/13/25; 08/13/24