

# DELAWARE VOLUNTEER FIRE SERVICE - ANNUAL STATEMENT

Name of Fire Company/Department	Station Number: _____
Address	Report Period From: _____
	To: _____

Receipts:	1. State Appropriations	\$	-
	2. County and/or Municipal Appropriations	\$	-
	3. Federal Funds	\$	-
	4. Fire Insurance Tax Rebate	\$	-
	5. All Other Income	\$	-
	Total Receipts:	\$	-

Disbursements:	1. Insurance Premiums	\$	-
	2. Equipment Maintenance	\$	-
	3. Building Maintenance	\$	-
	4. Gasoline, Diesel Fuel and Oil	\$	-
	5. Heating Fuel	\$	-
	6. Utilitites (light, phone, etc.)	\$	-
	7. All Other Expenses	\$	-
	Total Disbursements:	\$	-

Net Difference: \$ -

Depreciation of Equipment and Building \$ -

	Officer's Signature
Date Prepared	Title

Within 60 days of the close of the Fiscal Year, complete one copy of this form and send to:  
 Delaware State Fire School, 1461 Chestnut Grove Road, Dover, DE 19904

The Fire School will make and forward copies to the appropriate agencies:  
 Office of the Budget Director  
 State Treasurer (via fax 302-739-5635)  
 Secretary of the Department of Finance  
 Delaware State Auditor  
 Controller General

Copies made by: \_\_\_\_\_ Date Sent: \_\_\_\_\_