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| EMERGENCY EQUIPMENT FUEL AND OIL ISSUE <i>SEE COVER FOR INSTRUCTIONS</i> | | POSTED TO EQUIPMENT INVOICE (FINANCE USE ONLY) INITIALS: DATE: | | |
| 1. INCIDENT NAME AND NUMBER | 2. EQUIPMENT OWNERSHIP (AGENCY OR CONTRACTOR NAME): | | | |
| 3. RESOURCE ORDER NUMBER | 4. ITEM DESCRIPTION & VIN/SERIAL NUMBER | | | |
| 5. COMMODITY (circle appropriate items) UNLEADED GAS DIESEL | 6. QUANTITY | 7. UNIT | 8. UNIT PRICE | 9. AMOUNT |
| 10. OIL OTHER (specify) | | | | |
| 11. DATE AND TIME ISSUED | 12. REMARKS | | | 13. TOTAL |
| 14. FUEL DISPENSING AGENT'S SIGNATURE | 16. RECEIVING AGENT'S SIGNATURE | | | |
| 15. PRINT NAME AND TITLE | 17. PRINT NAME AND TITLE | | | |

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OPTIONAL FORM 304 (7-90)
USDA/USDI

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