



**District 13 Volunteer Fire Department**  
(Agency Name)

**Statement of Cash Receipts and Disbursements**  
For the Year Ended 2018  
(Year-End)

	General Fund	Other Fund	Total
<b>RECEIPTS (Provide Brief Description):</b>			
1. Vermillion Parish Police Jury	\$ 15,000.00	\$	\$
2. 2% Insurance Rebate	7,919.83		
3.			
4.			
5.			
<b>6. Total receipts</b> (add lines 1 - 5)	<b>\$ 22,919.83</b>	<b>\$</b>	<b>\$</b>
<b>DISBURSEMENTS (Provide Brief Description):</b>			
7. Truck Insurance	\$ 7,862.86	\$	\$
8. Fuel	1,182.63		
9. Station Supplies	2,652.65		
10. Truck & Station Maintenance	8,763.97		
11. Phone, Water, Slemco	3,123.08		
12. Training	889.81		
<b>13. Total Disbursements</b> (add lines 7 - 12)	<b>\$ 24,475.00</b>	<b>\$</b>	<b>\$</b>
14. Change in fund balance ( Lines 6 minus 13)	\$ -1,555.17	\$	\$
15. Fund Balance at beginning of year	\$ 21,297.21	\$	\$
16. Fund balance (deficit) at end of year (Add lines 14-15) --This amount also goes on line 12, Statement B	\$ 19,742.04	\$	\$

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**District 13 Volunteer Fire Department**

(Agency Name) \_\_\_\_\_

Balance Sheet, on 2018

(Year-End)

	General Fund	Other Fund	Total
<b>ASSETS</b> (balances at year-end) -Give brief description:			
1. Cash and cash equivalents on hand	\$	\$	\$
2. Investments (fair value) on hand			
3. Office furnishings (Cost of desks, etc)			
4. Equipment (Cost of fax machine, etc)			
5. Other (brief description)			
6. <b>Total Assets</b> (add lines 1 - 5)	\$	\$	\$
<b>LIABILITIES AND FUND BALANCE</b> (at year-end):			
7. Liabilities (give brief description):			
8.	\$	\$	\$
9.			
10.			
11. <b>Total Liabilities</b> (add lines 7 - 10)			
12. Fund balance (amount from Line 16 on Statement A)	19,742.04		
13. Other			
14. <b>Total Liabilities and Fund Balance</b> (add lines 11 - 13)	\$	\$	\$

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District 13 Volunteer Fire Department (Agency Name)

**Schedule of Compensation, Benefits and Other Payments to Agency Head or Chief Executive Officer (Required Form - Please Submit Completed Form Per Attached Instructions)**

For the Year Ended 2018 (Year-End)

Agency Head Name and Title: \_\_\_\_\_

Purpose	Dollar Amount
1. Salary	1.
2. Benefits-insurance	2.
3. Benefits-retirement	3.
4. Benefits-other (describe)	4.
5. Benefits-other (describe)	5.
6. Benefits-other (describe)	6.
7. Car allowance	7.
8. Vehicle provided by government (if reported on your W-2)	8.
9. Per diem	9.
10. Reimbursements	10.
11. Travel	11.
12. Registration fees	12.
13. Conference travel	13.
14. Housing	14.
15. Unvouchered expenses (example: travel advances, etc.)	15.
16. Special meals	16.
17. Other	17.
18. TOTAL (enter total of line 1-17)	18.

Please check here if the Agency Head does not receive any compensation, benefits, and other payments. (Act 462 of the 2015 Legislative Session allows nongovernmental entities or not-for-profit (quasi-public) entities to report on the Act 706 schedule **only** those payments to the agency head that are derived from the public funds.)

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