



KING OF PRUSSIA VOLUNTEER FIRE COMPANY
170 ALLENDALE ROAD
KING OF PRUSSIA, PENNSYLVANIA 19406
610-265-1063 Allendale Road Station
610-337-8230 West Beidler Road Station
610-265-3205 FAX
610-265-5635 Social Hall
email kpvmc@pond.com
Web www.kpvmc.com

Standard Operating Guidelines

SOG NO.: KP-1-0028

SOG TITLE: GUIDELINES FOR INVOICING FOR SERVICES
RENDERED ON THE PENNSYLVANIA
TURNPIKE SYSTEM

ADOPTION DATE: 01/02

REVISION DATE:

NO. OF PAGES: 1

Purpose: To integrate the Pennsylvania Turnpike Commission Guidelines for Invoicing for Services Rendered on the Pennsylvania Turnpike System into the King Of Prussia Volunteer Fire Company Standard Operating Guidelines.

See Attached Document for specifics. (KP-1-0028A: Memo from PA turnpike Commission dated 1/11/02)



Pennsylvania Turnpike Commission

David W. Dombrowsky
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Dept. of Operations & Incident Management
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Harrisburg, PA 17106-7676
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January 11, 2002

Dear Emergency Services Provider:

Enclosed is the 2002 information sheet. Please complete it and return it as soon as possible.


Also enclosed is a copy of the most recent form to be used for invoicing for services rendered on the Turnpike system. Please discard any previous versions. There are several things that I would like to list that are required for the invoice to be processed.

1. All information must be written legibly.
2. All invoices must be completely filled out. Instructions are listed on the bottom of the invoice.
 - a. All required times.
 - b. Date of call
 - c. Location of call, using Turnpike locations i.e.: mile marker etc.
 - d. State Police incident number, this is available from the Trooper on the scene or the Turnpike Operations Center.

If invoices are incomplete or unreadable they will be returned to the responding agency.

If you have any questions, please contact me.

Sincerely,



David W. Dombrowsky
Emergency Services Coordinator

Fire Service Invoice

Invoice Date _____

(Name of Responding Company)

(Mailing Address)

(City, State & Zip Code)

To: Pennsylvania Turnpike Commission
 Operations & Incident Management
 P. O. Box 67676
 Harrisburg, Pennsylvania 17106-7676

PTC use only	<u>Date of Incident:</u>	(PTC only) PD Claim #
<u>Location of Incident:</u>		<u>Amount:</u> \$225.00
<u>Time Requested:</u>	<u>Time Responding:</u>	<u>Time of Arrival:</u>
		<u>Time Available:</u>
<u>Type of Incident:</u>		
Type of Service Rendered:		
Additional Service/ Equipment Rendered or Used:		
County Dispatch Name:	County Dispatch Incident #	Additional Companies on Scene:
<u>PSP Incident #:</u>		Investigating Officer:
Comments on Call:		

All Bold/Underlined Areas MUST be completed and sent within 30 Days.