



Governor Kim Reynolds
Lt. Governor Adam Gregg
Adam Steen, Director

Date: November 5, 2021

To: Tammy Hollingsworth, Auditor of State
Victoria Newton, Treasurer of State
Executive Council

From: Mariah Flowers, Fleet Manager
DAS Fleet Services
Department of Administrative Services

Re: REIMBURSEMENT REQUEST - 29C20 Claim

Claim #	2049
Vehicle / Event	#1344/Deer
Event Date	November 9, 2020
Summary	Vehicle #1344 struck a deer. (212505)
Amount Requested	\$2,888-Final Amount

The Department of Administrative Services, Central Procurement Fleet Services Enterprise, has paid all vendors to date. We are seeking an allocation for those funds under 29C20 Contingency Fund – Disaster Aid. Please deposit into the following account: 0665-005-5790-0657.

If you have any questions or need additional information, please do not hesitate to contact me.

Thank you,

Mariah Flowers, Fleet Manager
DAS Fleet Services
Mariah.Flowers@iowa.gov
515-725-2243

Warrants

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	Fiscal Year	Warrant Number	Line Number	Line Amount	Issued	Redeemed	Vendor Customer
✓	2021	71045241	1	\$35.00	11/30/2020	12/18/2020	00003091427

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▼Warrant Information

Fiscal Year : 2021 **Amount :** \$35.00
Warrant Number : 71045241 **Vendor Customer :** 00003091427
Line Number : 1 **Last Updated :** 12/18/20

▼Issue Information

Issued : 11/30/2020 **Void :** ☐
Document ID : RISK00521335904 **Duplicate :** ☐
Document Line Number : 1 **Stop :** ☐
Line Amount : \$35.00
Comments :

▼Redeemed Information

Redeemed : 12/18/2020 **Batch Number :** 1975
Redeemed Bank : 5883 **Sequence Number :** 8
Redeemed Fund : 0665
Redeemed Department : 005

▼Fund Accounting

Fund : 0665 **Object :** 2715 **Dept Object :**
Sub Fund : **Sub Object :** **Dept Revenue :**
Department : 005 **Object Class :**
Unit : 5790 **Revenue Source :**
Sub Unit : **Sub Revenue Source :**
Appropriation : 0000 **Revenue Source Class :**
BSA :
Sub BSA :

▼Detail Accounting

Location : **Reporting :** **Major Program :**
Sub Location : **Sub Reporting :** **Program :**
Activity : 2920 **Task :** **Phase :**
Sub Activity : **Sub Task :** **Program Period :**
Function : **Task Order :**
Sub Function :

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Quality Claims Solutions

7405 S. Bitterroot Pl. #100
Sioux Falls, SD 57108
Phone: 877.237.3727
Fax: 866.371.2844
Federal Tax ID: 46-0461202

INVOICE =

Attention/Adjuster: Deb Anderson
Company Name: DAS Fleet Services
Address: 109 SE 13th St
Des Moines, IA 503190000

Invoice No: 212505V1
Date: 11/17/2020 12:04:19PM
Customer ID: IWAA
Claim Number: 212505V1
Vehicle Owner: STATE OF IOWA

Quantity	Description	Unit Price	Extended Amou
1.00	Technical Estimate Review	\$ 35.00	\$ 35.00

Item Total: \$ 35.00

Sales Tax: N/A

Invoice Total: \$ 35.00

Your Solution for Today's Claims

www.qcsdirect.com

Warrants

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	Fiscal Year	Warrant Number	Line Number	Line Amount	Issued	Redeemed	Vendor Customer
✓	2021	85163517	1	\$670.00	01/14/2021	01/20/2021	VS000002922
	2021	85163517	2	\$900.00	01/14/2021	01/20/2021	VS000002922
	2021	85163517	3	\$616.00	01/14/2021	01/20/2021	VS000002922
	2021	85163517	4	\$667.00	01/14/2021	01/20/2021	VS000002922

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▼Warrant Information

Fiscal Year : 2021 **Amount :** \$2,853.00
Warrant Number : 85163517 **Vendor Customer :** VS000002922
Line Number : 1 **Last Updated :** 1/20/21

▼Issue Information

Issued : 01/14/2021 **Void :** ☐
Document ID : RISK00521013001 **Duplicate :** ☐
Document Line Number : 1 **Stop :** ☐
Line Amount : \$670.00
Comments :

▼Redeemed Information

Redeemed : 01/20/2021 **Batch Number :** 0992
Redeemed Bank : 0022 **Sequence Number :** 00003
Redeemed Fund : 0665
Redeemed Department : 005

▼Fund Accounting

Fund : 0665 **Object :** 2715 **Dept Object :**
Sub Fund : **Sub Object :** **Dept Revenue :**
Department : 005 **Object Class :**
Unit : 5790 **Revenue Source :**
Sub Unit : **Sub Revenue Source :**
Appropriation : 0000 **Revenue Source Class :**
BSA :
Sub BSA :

▼Detail Accounting

Location : **Reporting :** **Major Program :**
Sub Location : **Sub Reporting :** **Program :**
Activity : 2920 **Task :** **Phase :**
Sub Activity : **Sub Task :** **Program Period :**
Function : **Task Order :**
Sub Function :

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Council Bluffs, IA 51501



All claims and returned goods MUST be accompanied by this bill.

Thank You

