

BUDGET FY	General Accounting Expenditure		DOCUMENT NUMBER
	DATE	ACCTG PERIOD (mm/yy)	1

VENDOR CODE	AGENCY NAME		
VENDOR NAME AND ADDRESS	BILL TO ADDRESS (ORDERING AGENCY)	SHIP TO ADDRESS	
City of Oelwein 20 2nd Avenue SW Oelwein, IA 50662	Iowa Economic Development Authority 1963 Bell Avenue, Suite 200 Des Moines, Iowa 50315		

TERMS	FOB	ORDER APPROVED BY	GOODS RECEIVED/SERVICES PERFORMED
			DATE INITIALS
QUANTITY		VENDOR'S INVOICE NUMBER	
		1	

ORDERED	RECEIVED	UNIT OF MEASURE	DESCRIPTION	UNIT PRICE	TOTAL PRICE
			Request for Payment under CDBG Contract Number: 24-CF-002 Report Number: 1		2,369.00

DOCUMENT TOTAL	2,369.00
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<p>CLAIMANT'S CERTIFICATION</p> <p>I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN PAID.</p> <p>DATE 12/23/2024 TITLE City of Oelwein Mayor</p> <p>CLAIMANT'S SIGNATURE</p>	<p>AGENCY CERTIFICATION</p> <p>I CERTIFY THAT THE ABOVE EXPENSE WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY:</p> <p>CODE OR CHAPTER SECTION(S)</p> <p>AUTHORIZED SIGNATURE</p>
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THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY

DOC TYPE (GAX)	DOC NUMBER	DOC DATE	ACCTG PRD	BUDGET FY	ACTION NEW/MOD	PO SHIP INSTR	GAX TYPE	INT IND	INT SELLER FUND	INT SELLER AGCY
GAX	1						1			

VENDOR CODE	ADDR OVERRIDE	F/A INDICATOR	EFT IND	TEXT -po's only (Y/N)	TEXT (po's only)
			Y		

REF DOC TYPE	REF DOC NUMBER	REF DOC LINE	COM LN	VEND INVOICE #	COMMODITY CODE	GS CONTRACT
				1		

LINE	FUND	AGCY	ORG	SUB ORG	ACTV	FUNC	OBJT	SUB OBJT	JOB NUMBER	REP CAT	QUANTITY / UNITS	I/D	DESCRIPTION	AMOUNT	I/D	P/F
01	0340	269	4610	24			4125							2,369.00		
02																
03																
04																
05																
06																
07																

DOCUMENT TOTAL	2,369.00
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GAX

WARRANT # _____

AUDITED BY _____

PAID DATE _____