STATE OF IOWA

GAX

BUDGET FY	General Accounting Expenditure		DOCUMENT NUMBER
2025	DATE 12/8/2025	ACCTG PERIOD (mm/yy) 05/31/2025 - 05/31/2025	**3**

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
		VENDOR'S INVOICE NUMBER 3	DATE INITITALS

QUANTITY					UNIT PRICE	TOTAL PRICE
ORDERED	RECEIVED	UNIT OF MEASURE				
			Request for Payment under CDBG Contract Number: 24-CF-002 Report Number: 3			2,082.00
					DOCUMENT TOTAL	2,082.00

CLAIMANT'S CERTIFICATION

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.

DATE   **TITLE**

CLAIMANT'S SIGNATURE

AGENCY CERTIFICATION

I CERTIFY THAT THE ABOVE EXPENSE WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOUD BE PAID FROM THE FUNDS APPROPRIATED BY: **CODE OR CHAPTER SECTION(S)**

AUTHORIZED SIGNATURE

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	**3**			**2025**			**1**			

VENDOR CODE	ADDR OVERRIDE	F/A INDICATOR	EFT IND	TEXT -po's only (Y/N)	TEXT (po's only)
2130037			**Y**		

REF DOC TYPE	REF DOC NUMBER	REF DOC LINE	COM LN	VEND INVOICE #	COMMODITY CODE	GS CONTRACT
				3		

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							2,082.00		
02																
03																
04																
05																
06																
07																

DOCUMENT TOTAL   2,082.00

GAX

WARRANT # _____   AUDITED BY _____   PAID DATE _____