

STATE OF IOWA

GAX

BUDGET FY		General Accounting Expenditure										DOCUMENT NUMBER				
		DATE			ACCTG PERIOD (mm/yy)							2				
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							2				
ORDERED	RECEIVED	UNIT OF MEASURE									UNIT PRICE		TOTAL PRICE			
				Request for Payment under CDBG Contract Number: 24-CF-002 Report Number: 2									9,970.00			
DOCUMENT TOTAL												9,970.00				
CLAIMANT'S CERTIFICATION										AGENCY 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.										I CERTIFY THAT THE ABOVE EXPENSE WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY:						
DATE		TITLE								CODE OR CHAPTER SECTION(S)						
CLAIMANT'S SIGNATURE										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	2									1						
VENDOR CODE		ADDR OVERRIDE		F/A INDICATOR	LEFT 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				
								2								
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							9,970.00		
02																
03																
04																
05																
06																
07																
DOCUMENT TOTAL												9,970.00				

GAX

WARRANT #

AUDITED BY

PAID DATE