

STATE OF IOWA

Item # 50
Date: 8/12/24

BUDGET FY 2024		General Accounting Expenditure						DOCUMENT NUMBER								
		DATE 7/31/2024			ACCTG PERIOD (mm/yy)											
VENDOR CODE				AGENCY NAME												
VENDOR NAME AND ADDRESS City of Nevada 1209 6th Street Nevada, IA 50201				BILL TO ADDRESS (ORDERING AGENCY) Iowa Economic Development Authority 200 E. Grand Ave. Des Moines, Iowa 50309				SHIP TO ADDRESS								
TERMS		FOB		ORDER APPROVED BY				GOODS RECEIVED/SERVICES PERFORMED								
								DATE		INITIALS						
QUANTITY				VENDOR'S INVOICE NUMBER												
ORDERED	RECEIVED	UNIT OF MEASURE							UNIT PRICE	TOTAL PRICE						
			Request for Payment under CDBG Contract Number: <u>20-CVN-068</u> Report Number: _____ <i>Project: Feltner Properties and Administration 1-6</i>							42,559.00						
DOCUMENT TOTAL									42,559.00							
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 _____						CODE OR CHAPTER SECTION(S) _____										
TITLE <u>Mayor</u>																
CLAIMANT'S SIGNATURE _____						AUTHORIZED SIGNATURE _____										
THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY																
DOC TYPE (GAX) GAX		DOC NUMBER		DOC DATE		ACCTG PRD	BUDGET FY 2025	ACTION NEW/MOD	PO SHIP INSTR	GAX TYPE 1	INT IND	INT SELLER FUND	INT SELLER AGCY			
VENDOR CODE		ADDR OVERRIDE	F/A INDICATOR	EFT IND Y	TEXT -po's only (Y/N)			TEXT (po's only)								
REF DOC TYPE		REF DOC NUMBER		REF DOC LINE	COM LN	VEND INVOICE #		COMMODITY CODE		GS CONTRACT						
LINE	FUND	AGCY	ORG	SUB ORG	ACTV	FUNC	OBJT	SUB OBJT	JOB NUMBER	REP CAT	QUANTITY/ UNITS	I/D	DESCRIPTION	AMOUNT	I/D	P/E
01	0340	269	4610	20			4125							42,559.00		
02																
03																
04																
05																
06																
07																
DOCUMENT TOTAL												42,559.00				

GAX

WARRANT # _____

AUDITED BY _____

PAID DATE _____

BUDGET FY 2024		General Accounting Expenditure						DOCUMENT NUMBER								
		DATE 7/31/2024		ACCTG PERIOD (mm/yy)												
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TERMS		FOB		ORDER APPROVED BY				GOODS RECEIVED/SERVICES PERFORMED								
								DATE INITIALS								
QUANTITY				VENDOR'S INVOICE NUMBER												
ORDERED	RECEIVED	UNIT OF MEASURE							UNIT PRICE	TOTAL PRICE						
			Request for Payment under CDBG Contract Number: <u>20-CVN-068</u> Report Number: _____ <i>Project: This Day minus City/NEDC Portions for Prev Proj.</i>							17,854.00						
DOCUMENT TOTAL									17,854.00							
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 <i>Mayor</i>				CODE OR CHAPTER SECTION(S)										
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DOC TYPE (GAX) GAX	DOC NUMBER		DOC DATE		ACCTG PRD	BUDGET FY 2025	ACTION NEW/MOD	PO SHIP INSTR	GAX TYPE 1	INT IND	INT SELLER FUND	INT SELLER AGCY				
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							
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
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