

STATE OF IOWA

Item # 5D
Date: 8/26/24

BUDGET FY 2024		General Accounting Expenditure										DOCUMENT NUMBER 2										
		DATE 8/12/2024				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 2																
ORDERED	RECEIVED	UNIT OF MEASURE										UNIT PRICE		TOTAL PRICE								
				Request for Payment under CDBG Contract Number: <u>20-CVN-068</u> Report Number: <u>2</u> <i>This Day Photography Project</i>										18,365.00								
DOCUMENT TOTAL												18,365.00										
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: CODE OR CHAPTER SECTION(S)								
DATE <u>8/12/24</u> TITLE <u>Mayor</u>														AUTHORIZED SIGNATURE 								
CLAIMANT'S SIGNATURE														8/12/24								
THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY																						
DOC TYPE (GAX) GAX		DOC NUMBER 2			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 # 2				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						
01	0340	269	4610	20			4125							18,365.00								
02																						
03																						
04																						
05																						
06																						
07																						
DOCUMENT TOTAL												18,365.00										
GAX				WARRANT #				AUDITED BY				PAID DATE										

STATE OF IOWA

GAX

BUDGET FY 2024		General Accounting Expenditure				DOCUMENT NUMBER 2										
		<small>DATE</small> 8/12/2024		<small>ACCTG PERIOD (mm/yy)</small>												
<small>VENDOR CODE</small>				<small>AGENCY NAME</small>												
<small>VENDOR NAME AND ADDRESS</small> City of Nevada 1209 6th Street Nevada, IA 50201				<small>BILL TO ADDRESS (ORDERING AGENCY)</small> Iowa Economic Development Authority 200 E. Grand Ave. Des Moines, Iowa 50309		<small>SHIP TO ADDRESS</small>										
<small>TERMS</small>		<small>FOB</small>		<small>ORDER APPROVED BY</small>		<small>GOODS RECEIVED/SERVICES PERFORMED</small>										
<small>QUANTITY</small>				<small>VENDOR'S INVOICE NUMBER</small> 2		<small>DATE</small> <small>INITIALS</small>										
<small>ORDERED</small>	<small>RECEIVED</small>	<small>UNIT OF MEASURE</small>	<small>UNIT PRICE</small>			<small>TOTAL PRICE</small>										
			Request for Payment under CDBG Contract Number: <u>20-CVN-068</u> Report Number: <u>2</u> <i>Feltner Project</i>			50,179.00										
DOCUMENT TOTAL						50,179.00										
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 <u>8/12/24</u> TITLE <u>Mayor</u> <small>CLAIMANT'S SIGNATURE</small>				AGENCY CERTIFICATION I CERTIFY THAT THE ABOVE EXPENSE WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY: CODE OR CHAPTER SECTION(S) <small>AUTHORIZED SIGNATURE</small>												
<small>THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY</small>																
<small>DOC TYPE (GAX)</small> GAX	<small>DOC NUMBER</small> 2		<small>DOC DATE</small>	<small>ACCTG PRD</small>	<small>BUDGET FY</small> 2025	<small>ACTION NEW/MOD</small>	<small>PO SHIP INSTR</small>	<small>GAX TYPE</small> 1	<small>INT IND</small>	<small>INT SELLER FUND</small>	<small>INT SELLER AGCY</small>					
<small>VENDOR CODE</small>		<small>ADDR OVERRIDE</small>	<small>F/A INDICATOR</small>	<small>EFT IND</small> Y	<small>TEXT -po's only (Y/N)</small>			<small>TEXT (po's only)</small>								
<small>REF DOC TYPE</small>		<small>REF DOC NUMBER</small>		<small>REF DOC LINE</small>	<small>COM LN</small>	<small>VEND INVOICE #</small> 2		<small>COMMODITY CODE</small>		<small>GS CONTRACT</small>						
<small>LINE</small>	<small>FUND</small>	<small>AGCY</small>	<small>ORG</small>	<small>SUB ORG</small>	<small>ACTV</small>	<small>FUNC</small>	<small>OBJT</small>	<small>SUB OBJT</small>	<small>JOB NUMBER</small>	<small>REP CAT</small>	<small>QUANTITY / UNITS</small>	<small>VD</small>	<small>DESCRIPTION</small>	<small>AMOUNT</small>	<small>VD</small>	<small>P/F</small>
01	0340	269	4810	20			4125							50,179.00		
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DOCUMENT TOTAL														50,179.00		
GAX		<small>WARRANT #</small>		<small>AUDITED BY</small>		<small>PAID DATE</small>										