

STATE OF IOWA

Item # 4F4E
Date: 10/28/24

BUDGET FY 2024	General Accounting Expenditure	DOCUMENT NUMBER
	DATE 10/15/2024	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
QUANTITY		VENDOR'S INVOICE NUMBER	

ORDERED	RECEIVED	UNIT OF MEASURE	DESCRIPTION	UNIT PRICE	TOTAL PRICE
			Request for Payment under CDBG Contract Number: <u>20-CVN-068</u> Report Number: _____ <i>Project: Claim #2 / Final Feltner Prop. / Admin Claims #1</i>		50,178.00

DOCUMENT TOTAL 50,178.00

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 <u>Mayor</u>	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) _____
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/F
01	0340	269	4610	20			4125							50,178.00		
02																
03																
04																
05																
06																
07																

DOCUMENT TOTAL 50,178.00

GAX WARRANT # _____ AUDITED BY _____ PAID DATE _____

STATE OF IOWA

GAX

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>Project: Claim #2 This Day - Final</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:										
DATE		TITLE <i>Mayor</i>				CODE OR CHAPTER SECTION(S)										
CLAIMANT'S SIGNATURE						AUTHORIZED SIGNATURE										
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	TEXT -po's only (Y/N)			TEXT (po's only)							
				Y												
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