STATE OF IOWA

GAX

BUDGE	GENERAL ACCOUNTING EXPENDITURE										DOCUMENT NUMBER					
				DA	TE			A	CCTG PERIC	D (MM/Y	(Y)					
I/3 VENDOR (CUSTOME	R NUMBE	R			AC	AGENCY NAME									
	VENDO						Department of Human Services BILL TO ADDRESS (ORDERING AGENCY) SHIP TO ADDRESS									
	VENDC	or name	AND ADI		De	epartm	artment of Human Services					SHIP TO	ADDRESS			
т	ERMS		FOB				ORDER APPROVED BY						CLAIM PR	EPARED BY		
		VENI	VENDOR'S INVOICE DATE				VENDOR'S INVOICE NUMBER						_			
QUANTITY	VENL	DON'S INVOICE DATE														
ORDERED	IVED UNIT OF MEASURE				DESCRIPTION							UNIT PRICE	TOTAL PRI	CE		
	2/50	NO														
EFT IN		NO			Co	ontract	Numb	er:								
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	C	A 1 M/		CED	FIFICA				1				MENT TOTAL CERTIFICATIO	N		
I CERTIFY TH	AT THE IT	EMS FOR	WHICH	PAYMEN	IS CLAIN	IED WERE		SHED			E ABOVE EXE	PEN	SES WERE INCURRED A	ND THE AMOUNT		
FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND T CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PAI OF THIS CLAIM HAS BEEN PAID.														PROPRIATED BY:		
DATE	M HAS BE	EN PAID TITL														
CLAIMANT'S SIGNATURE										AUTHORIZED SIGNATURE						
LINE FUNI			SUD	ACTV								1.1	DESCRIPTION	AMOUNT	ΙP	
LINE FON	AGCT	UNIT	UNIT	ACTV	OBJECT	FUNC	OBJI	OBJT	JOB NUMBER	CAT	/ UNITS	/ /	DESCRIPTION	AWOUNT	/ / D F	
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	Sv. 1112)															