REIMBURSEMENT OF APPROVED COUNTY AND MULTICOUNTY JUVENILE DETENTION AND SHELTER CARE HOMES

APPENDIX

REIMBURSEMENT OF APPROVED COUNTY AND MULTICOUNTY JUVENILE DETENTION AND SHELTER CARE HOMES

APPENDIX

CONTENTS

Page

STATE CLAIM ORDER/CLAIM VOUCHER, FORM-IFAS-#A-1. 1

Staple Documentation
To Back Of Form
IFAS #A-1 (7/83)

STATE OF IOWA
CLAIM ORDER/CLAIM VOUCHER

INVOICE NUMBER

INVOICE DATE

ORDER NUMBER

ORDER DATE

VENDOR

BILL TO (ORDERING AGENCY)

SHIP TO

TERMS
FOB

ORDER APPROVED BY

MDSE. RECEIVED IN GOOD ORDER
AND/OR SERVICES RENDERED
DATE: INITIAL:

QUANTITY		MEASURE	DESCRIPTION OF ITEM	UNIT PRICE	
ORDERED	RECEIVED				

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

CLAIMANT'S SIGNATURE (TITLE & DATE)

AGENCY CERTIFICATION

I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATES BY:

CODE SECTION | OR | CHAPTER | SECTION

AUTHORIZED SIGNATURE | TITLE

THE FOLLOWING ITEMS ARE FOR STATE ACCOUNTING USE

TRANSACTION CODE ("CO" OR "CV")	DOCUMENT NO.	DOCUMENT DATE	BUDGET FY	ACTION E = ORIGINAL ENTRY M = ADJUSTMENT	DOCUMENT TYPE (1 or 2) (1) CLAIM ORDER (1) OUTSIDE VENDOR (2) CONTRACT	FIXED ASSET (F)

VENDOR CODE

CONTRACT I.D.

COMMENTS

LINE NO.	REF DOC LINE	FUND	AGENCY	ORGANIZATION	SUB ORGN	OBJECT	SUB OBJT	ACTIVITY	JOB NUMBER	AGENCY REPT CAT	DESCRIPTION	AMOUNT	I/D

REFERENCE DOCUMENT
CODE | NUMBER

WARRANT NUMBER

AUDITED BY

TOTAL

INVENTORY I.D. NO.

SCHEDULED PAYMENT DATE

CONTINGENT FUND CONTINGENT CHECK NO.

Staple Documentation
To Back Of Form
IFAS #A-1 (7/83)

STATE OF IOWA
CLAIM ORDER/CLAIM VOUCHER

INVOICE NUMBER

INVOICE DATE

ORDER NUMBER 1

ORDER DATE 2

VENDOR 3

BILL TO (ORDERING AGENCY) 4

SHIP TO

TERMS
FOB 5

ORDER APPROVED BY 24

MDSE. RECEIVED IN GOOD ORDER
AND/OR SERVICES RENDERED
DATE: INITIAL:

QUANTITY ORDERED	QUANTITY RECEIVED	MEASURE	DESCRIPTION OF ITEM	UNIT PRICE	
			6		7

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.

CLAIMANT'S SIGNATURE (TITLE & DATE)

8

AGENCY CERTIFICATION

I CERTIFY THAT THE ABOVE EXPENSES WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATES BY:

CODE SECTION 9 OR CHAPTER SECTION

AUTHORIZED SIGNATURE TITLE

THE FOLLOWING ITEMS ARE FOR STATE ACCOUNTING USE

TRANSACTION CODE ("CO" OR "CV")	DOCUMENT NO.	DOCUMENT DATE	BUDGET FY	ACTION	DOCUMENT TYPE (1 or 2)	FIXED ASSET (F)
10	11	12	13	E = ORIGINAL ENTRY M = ADJUSTMENT 14	(1) CLAIM ORDER (1) OUTSIDE VENDOR (2) CONTRACT 15	

VENDOR CODE 16

CONTRACT I.D.

COMMENTS

LINE NO.	REF DOC LINE	FUND	AGENCY	ORGANIZATION	SUB ORGN	OBJECT	SUB OBJT	ACTIVITY	JOB NUMBER	AGENCY REPT CAT	DESCRIPTION	AMOUNT	I/D
17		18	19	20		21						22	

REFERENCE DOCUMENT
CODE NUMBER

WARRANT NUMBER

AUDITED BY

TOTAL 23

INVENTORY I.D. NO.

SCHEDULED PAYMENT DATE

REIMBURSEMENT OF APPROVED COUNTY AND MULTICOUNTY JUVENILE DETENTION AND SHELTER CARE HOMES

STATE CLAIM ORDER/CLAIM VOUCHER, FORM IFAS - #A-1

This form is to be used in making application for reimbursement under Iowa Code section 232.142(4) for the operation of an approved juvenile detention or shelter care home.

When Prepared

This form shall be completed by November 1 for the legislatively authorized percentage of the allowable cost of operating an approved juvenile detention or shelter care facility the previous state fiscal year.

By Whom Prepared

Approved juvenile detention or shelter care homes not receiving reimbursement from the Department under 498--Chapter 137.11(3) of the Iowa Administrative Code.

Number of Copies

Original and two copies.

Specific Instructions

Juvenile detention and shelter care facilities applying for reimbursement under Iowa Code section 232.142(4) should complete the following items on Claim Order/Claim Voucher Form IFAS-#A-1. (See following for location of the numbered sections on the form):

1. Order Number - Enter the digits "474-10" in the far left of the box - the Bureau of Finance will add 6 more digits later.

2. Order Date - Enter the date on which the claim is prepared.

3. Vendor - Enter the name and address to which the warrant should be issued.

4. Ordering Agency - Enter the name and address of the Iowa Department of Human Services, Hoover Building, Des Moines, Iowa 50319.

5. Terms of Job - Enter "Reimbursement of Juvenile Detention and Shelter Care - 232.142".

6. Description of Item - Enter the total cost related to the establishment, improvements, operation and maintenance of the approved juvenile detention or shelter care facility for the previous fiscal year.

REIMBURSEMENT OF APPROVED COUNTY AND MULTICOUNTY JUVENILE DETENTION AND SHELTER CARE HOMES

STATE CLAIM ORDER/CLAIM VOUCHER, FORM IFAS - #A-1 (Cont'd)

Specific Instructions (Cont'd)

7. Expense - Enter the legislatively authorized percentage of the amount indicated in item #6.

8. Claimant's Certification - Enter the signature, title and date signed by the claimant.

9. Code Section - Enter "232.142(4)".

10. Transaction Code - Enter "CV".

11. Document Number - enter "47410" at the far left since Finance must add 6 more digits.

12. Document Date - Enter the date the claim is prepared - same date as "Order Date", item #2.

13. Budget FY - Enter the last two digits of the state fiscal year in which the claim is being submitted (Example: A bill submitted October 15, 1983 for the state fiscal year (1983 would be entered as "84" since the bill was submitted in fiscal year 1984.)

14. Action - Enter an "X" for "E-original entry".

15. Document Type - Enter "X" for "1-outside vendor".

16. Vendor Code - Enter the grantee's Federal ID number with the letter "C" before the number and a "0" on the end. (Example: C1111111110)

17. Line Number - Enter "01".

18. Fund Number - Enter "001" as fund number.

19. Agency - Enter 474 for agency number.

20. Organization - Enter "1260" as organization code.

21. Object - Enter 4210 as object code.

22. Amount - Enter total amount of claim.

23. Total - Enter same amount as item #21.

REIMBURSEMENT OF APPROVED COUNTY AND MULTICOUNTY JUVENILE DETENTION AND SHELTER CARE HOMES

STATE CLAIM ORDER/CLAIM VOUCHER, FORM IFAS - #A-1 (Cont'd)

Specific Instructions (Cont'd)

The original and two copies of Form IFAS - #A-1 are submitted to the Bureau of Finance. The Bureau of Finance checks with the Bureau of Adult, Children and Family Services to ensure that the facility is eligible for reimburement under this program and secures an authorizing signature from the Bureau of Adult, Children and Family Services staff in box #24, "Order Approved By".

Disposition

The facility sends the original and two copies of Form IFAS - #A-1 with documentation of the previous state fiscal year budget to the Department of Human Services, Division of Management and Budget, Bureau of Finance, 1st Floor, Hoover Building, Des Moines, Iowa 50319.