STATE OF IOWA

GAX

BUDGET FY				GENERAL ACCOUNTING EXPENDITURE							DOCUMENT NUMBER			
				DATE				ACCTG PRD						
VENDOR CUSTOMER NUMBER								DEPARTMENT NAME				1		
VEND	OOR NAM	IE AND ADD	RESS	BILL TO ADDRESS			(Ordering Dept)			SHIP TO ADDRESS				
TERMS FOB							OPDEP			ADDD	OVED BY		DE0501755 :	
		IENIVIO			ORDER I			APPROVED BY		GOODS RECEIVED / SERVICES PERFORMED				
		LIANITITY		VEND	VOICE DA	TE VENDOR'S			INVOICE NUMBER		DATE:			
	Q	UANTITY								INITIALS:				
ORI	DERED	RECE	IVED	UNIT OF MEASURE			DESCRIPTION			N	UNIT PRICE	TOTAL PRICE		
				•			•	DOCUMENT TOTAL						
CLAIMANTS CERTIFICATION I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT IS CLAIMED WERE FURNISHED											DEPARTMENT CERTIFICATION			
_				_			HE LAW AND THAT THE							
CHAF	RGES AF	RE REASON	ABLE, PR	OPER, AN	THAT NO PART OF THIS			SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY:						
		EEN PAID.		- DATE							CODE OR C	HAPTER SECT	TON(S)	
CLAII	MANT'S S	SIGNATURE			DATE									
TITLE:														
				THI	E FOLLO	WING FIE	LDS AF	RE FOR	ACCOUN	ITING	USE ONLY			
LINE	FUND	DEPT	UNIT	SUB UNIT	OBJT	SUB OBJT	EMP	MPLOYEE VENDOR CUSTOMER NUMB				R AMOUNT		
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02														
03				<u> </u>			-							
04 05														
06														
07								_						
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G/	11	W	ARRANT	NUMBER					PAID	DATE		_		