

STATE OF IOWA
DEPARTMENT OF HUMAN RIGHTS

GAX

BUDGET FY 07	GENERAL ACCOUNTING EXPENDITURE	DOCUMENT NUMBER
	DATE Today's Date	ACCTG PERIOD (mm/yy)
		Dept. Issues the No.

<small>VENDOR CODE</small> Either SS # or EIN	<small>AGENCY NAME</small> IA Department of Human Rights
<small>VENDOR NAME AND ADDRESS</small> Susie Smith 1234 Main Street Anytown, IA 50000	<small>BILL TO ADDRESS (ORDERING AGENCY)</small> IA Department of Human Rights Lucas State Office Building Des Moines, IA 50319
	<small>SHIP TO ADDRESS</small> Same

<small>TERMS</small>	<small>FOB</small>	<small>ORDER APPROVED BY</small>	<small>GOODS RECEIVED/SERVICES PERFORMED</small>
			DATE INITIALS
<small>QUANTITY</small>	<small>VENDOR'S INVOICE DATE</small> Invoice Date	<small>VENDOR'S INVOICE NUMBER</small> Invoice No. if there is one	

ORDERED	RECEIVED	UNIT OF MEASURE	DESCRIPTION	UNIT PRICE	TOTAL PRICE
13	13	Hr.	Interpreting Services - Mary Jones Workshop - 9/8-9/06 - DSM, IA	35.00	455.00

DOCUMENT TOTAL 455.00

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	DEPARTMENT 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	DOC NUMBER Dept. Issues the No.	DOC DATE	ACCTG PRD	BUDGET FY	ACTION NEW/MOD E	PO SHIP INSTR	PV TYPE 1	INT IND	INT SELLER FUND	INT SELLER
<small>VENDOR CODE</small> SSN or EIN Here		<small>ADDR OVERRIDE</small>	<small>F/A INDICATOR</small>	<small>EFT IND</small>	<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>	<small>COMMODITY CODE</small>	<small>GS CONTRACT</small>				

LINE	FUND	AGCY	ORG	SUB ORG	ACTV	FUNC	OBJT	SUB OBJT	JOB NUMBER	REP CAT	QUANTITY / UNITS	I/D	DESCRIPTION	AMOUNT	I/D
01							2358							455.00	
02															
03															
04															
05															
06															
07															

DOCUMENT TOTAL 455.00

GAX

WARRANT #

AUDITED BY

PAID DATE