Attach supporting documentation
to the back of this form

STATE OF IOWA

GAX

BUDGET FY	GENERAL ACCOUNTING EXPENDITURE		DOCUMENT NUMBER
2020	DATE	ACCTG PERIOD (mm/yy)	

VENDOR CODE	AGENCY NAME
	EDUCATION

VENDOR NAME AND ADDRESS	BILL TO ADDRESS (ORDERING AGENCY)	SHIP TO ADDRESS

TERMS	FOB	ORDER APPROVED BY	GOODS RECEIVED/SERVICES PERFORMED	
			DATE	INITITALS

QUANTITY	VENDOR'S INVOICE DATE	VENDOR'S INVOICE NUMBER

ORDERED	RECEIVED	UNIT OF MEASURE	DESCRIPTION	UNIT PRICE	TOTAL PRICE
			2019 LSTA Technology Grant Grant #		
				DOCUMENT TOTAL	

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**

CLAIMANT'S SIGNATURE

DEPARTMENT CERTIFICATION

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

CODE OR CHAPTER SECTION(S)

DOCUMENT TOTAL

GAX **WARRANT #** **PAID DATE** _____