

Attach supporting documentation
to the back of this form

STATE OF IOWA

GAX

BUDGET FY		General Accounting Expenditure						DOCUMENT NUMBER								
FY 19		DATE 9/1/18			ACCTG PERIOD (mm/yy) 09/18											
VENDOR CODE				AGENCY NAME												
VENDOR NAME AND ADDRESS City of Earlham City Hall 140 S. Chestnut Ave. - P.O. Box 518 Earlham, IA 50072				BILL TO ADDRESS (ORDERING AGENCY) Iowa Economic Development Authority 200 E. Grand Ave. Des Moines, Iowa 50309				SHIP TO ADDRESS								
TERMS		FOB		ORDER APPROVED BY				GOODS RECEIVED/SERVICES PERFORMED DATE INITIALS								
QUANTITY				VENDORS INVOICE NUMBER Report Number: 5 - FINAL												
ORDERED	RECEIVED	UNIT OF						UNIT PRICE	TOTAL PRICE							
				Request for Payment under CDBG Housing Contract Number: 16-HSG-019					\$17,661							
DOCUMENT TOTAL								\$17,661								
CLAIMANT'S CERTIFICATION						AGENCY 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.						I CERTIFY THAT THE ABOVE EXPENSE WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY:										
DATE		09/10/18		TITLE		Mayor				CODE OR CHAPTER SECTION(S)						
CLAIMANT'S SIGNATURE						AUTHORIZED SIGNATURE										
THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY																
DOC TYPE <small>(GAX)</small> GAX	DOC NUMBER		DOC DATE		ACCTG PRD	BUDGET FY	ACTION <small>M/W/M/D</small>	PO SHIP <small>INSTR</small>	GAX TYPE 1	INT IND	INT SELLER FUND	INT SELLER AGCY				
VENDOR CODE 0		ADDR OVERRIDE	F/A INDICATOR	EFT IND Y	TEXT -po's only (Y/N)			TEXT (po's only)								
REF DOC TYPE		REF DOC NUMBER		REF DOC LINE		COM LN	VEND INVOICE #		COMMODITY CODE		GS CONTRACT					
LINE	FUND	AGCY	ORG	SUB ORG	ACTV	FUNC	OBJT	SUB OBJT	JOB NUMBER	REP CAT	QUANTITY / UNITS	I/D	DESCRIPTION	AMOUNT	I/D	P/F
01	0340	269	4610				4125									
02																
03																
04																
05																
06																
07																
DOCUMENT TOTAL											0.00					

GAX

WARRANT #

AUDITED BY

PAID DATE

**COMMUNITY DEVELOPMENT BLOCK GRANT
REQUEST FOR PAYMENT - Housing**

Recipient: City of Earlham
 Contract Number: 16-HSG-019
 Report Number: 5 - FINAL
 Period Ending: 09/01/18

ACTIVITY CODE/TITLE	Federal CDBG Budget	CURRENT EXPENDITURES			TOTAL
		Expended Since Last Report	Less Program Income Applied	CDBG Reimbursable	CDBG Requested to Date
97 Rehabilitation	\$187,500	\$15,581		\$15,581	\$138,042
0181 ADMIN	\$20,000	\$2,080		\$2,080	\$20,000
TOTALS	\$207,500	\$17,661		\$17,661	\$158,042
				Less: IDED Funds Received	\$72,516
				Less: IDED Payments Pending	\$67,865
				NET REQUEST	\$17,661

LOCAL FINANCIAL INFORMATION				List of Addresses requesting funds:		
ACTIVITY CODE	Current Budget	Expended Since Last Report	Expended to Date	General Administration	(SICOG)	
				Technical Services	(SICOG)	\$439
97-Rehabilitation (city)	\$15,000	\$0	\$15,000	Lead Administration		\$2,500
97-Rehabilitation (SICOG-HTF)	\$7,500	\$0	\$7,500	A. S. = \$475. (lead)		
				SICOG = \$2,025. (lead)		
				415 NW Elm Ave.		\$11,844
				LOC - interest		\$798