

BUDGET FY	GENERAL ACCOUNTING EXPENDITURE	DOCUMENT NUMBER
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DATE	ACCTG PERIOD (mm/yy)	
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VENDOR CODE	AGENCY NAME
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Provider Address:	BILL TO ADDRESS (ORDERING AGENCY)	SHIP TO ADDRESS
	Iowa Department of Public Health Division of Behavioral Health - Access to Recovery 321 E. 12th Street Des Moines, IA 50319-0075	

TERMS	FOB	ORDER APPROVED BY: IDPH ONLY	GOODS RECEIVED/SERVICES PERFORMED - IDPH Only
			DATE INITIALS

QUANTITY	VENDOR'S INVOICE DATE	VENDOR'S INVOICE NUMBER
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ORDERED	RECEIVED	UNIT OF MEASURE	DESCRIPTION	UNIT PRICE	TOTAL PRICE
			Access to Recovery covered services for the month of :		
			Agreement No. 5885AC__		

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

AGENCY 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)

AUTHORIZED SIGNATURE

THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY

DOC TYPE	DOC NUMBER	DOC DATE	ACCTG PRD	BUDGET FY	ACTION NEW/MOD	PO SHIP INSTR	PV TYPE	INT IND	INT SELLER FUND	INT SELLER AGCY
GAX					E		1			

VENDOR CODE	ADDR OVERRIDE	F/A INDICATOR	EFT IND	TEXT -po's only (Y/N)	TEXT (po's only)
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REF DOC TYPE	REF DOC NUMBER	REF DOC LINE	COM LN	VEND INVOICE #	COMMODITY CODE	GS CONTRACT
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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	0153	588	0130				4210			AC__			5885AC__			
02																
03																
04																
05																
06																
07																
08																

	DOCUMENT TOTAL
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