

STATE OF IOWA
Iowa Department for the Blind

Vendor Code: 00000013100

Vendor Name and Address

Bill to Address

Iowa Department for the Blind
 524 Fourth Street
 Des Moines, IA 50309-2364

Maintenance Details

Issue Date: _____
 Case #: _____
 Authorization #: _____
 Authorized By: _____

Monthly Maintenance
 One Time Maintenance

Quantity	Item	Cost Per Item	Total Amt
Grand Total			

Pick Up Mail Orientation Center

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.

Claimant's Signature _____ Date _____