

Iowa Department of Justice
 Crime Victim Assistance Division (CVAD)
 Claim Voucher

Fund: DA-13 SA-13

Month: July

Program Assault Care Center Extending Shelter and Support

Address P.O. Box 1429

City Ames, Iowa

E-mail Contact

Phone/Ext. 515-292-0500

Vendor #

DA - Domestic Abuse

SA - Sexual Abuse

Expense	Budget	Claim	YTD	Balance	Budget	Claim	YTD	Balance
Payroll	81,381	6,841.64	6,841.64	74,539.36	52,225	4,521.62	4,521.62	47,703.38
Benefits	16,802	1,200.00	1,200.00	15,602.00				
Travel & Training								
Contracted Svc.								
Equipment								
Repairs & Maint.								
Rent								
Utilities								
Communications								
Supplies								
Insurance								
Other Direct								
Total	98,183	8,041.64	8,041.64	90,141.36	52,225	4,521.62	4,521.62	47,703.38

PAID SEP 11 2012

RECEIVED
 12 AUG 29 AM 10:54
 CRIME VICTIM ASSISTANCE DIVISION

Total DA/SA **12,563.26**

Program Signature

Shelly McCreary
 Date August 28, 2012

CVAD Signature

[Signature]
 Date 8-30-12

Original or First claim
 Doc # AGKH 091112001
 Date Paid 9-11-12

Expense Summary

Program: Assault Care Center Extending Shelter & Support
 Month/Year: July 2012

Employee Benefits - Health Insurance

Type of Invoice:	DA	FV	SA	SS	VA	VW	TOTAL
	Amount:	Amount:	Amount:	Amount:	Amount:	Amount:	Amount:
✓	\$350.00						\$350.00
✓	\$350.00						\$350.00
✓	\$350.00						\$350.00
		\$350.00			\$250.00		\$250.00
✓	\$150.00	\$200.00					\$350.00
							\$350.00
							\$350.00
							\$0.00
Total:	\$1,200.00	\$550.00	\$0.00	\$0.00	\$250.00	\$0.00	\$2,000.00

Employee Name (State for Emp. No. SSN No. UC Tax Status)	Dopl. No.	Current			Year-to-Date		Taxes			Deductions & Memos			Clk. No. Type Net Pay		
		Description	Rate	Hours	Pay	Description	Hours	Amount	Description	YTD Amount	Description	Current Amount		YTD Amount	
7 Semi-Monthly	1	0-Regular Pay	10.00	24.00	240.00	0-Regular Pay	44.00	440.00	Federal WH	116.10	1,603.05	4-401(K) Match	50.33	807.59	2003776
		4-Holiday pay		19.50	389.71		19.50	389.71	OASDI	49.00	678.41	5-<401(K) Match	(50.38)	(607.59)	DD
		Totals:		63.50	1,166.67	Total YTD:	63.50	1,166.67	Medicare	16.32	234.22	7-401(K) before	23.33	303.29	
Employee Totals									IA: State WH	45.00	621.00		23.33		916.23
7 Semi-Monthly	1	0-Regular Pay	10.00	24.00	432.00	0-Regular Pay	300.25	3,002.50	Federal WH	34.24	744.39				2003777
		Totals:		24.00	432.00	Total YTD:	300.25	3,002.50	OASDI	16.14	287.47				DD
Employee Totals									Medicare	6.25	99.24				
2 Semi-Monthly	1	0-Regular Pay	10.00	24.00	432.00	0-Regular Pay	300.25	3,002.50	IA: State WH	8.00	212.00				365.37
		Totals:		24.00	432.00	Total YTD:	300.25	3,002.50	Federal WH	144.56	1,879.28	2-Health Insuran	10.00	130.00	2003778
Employee Totals									OASDI	48.31	641.10	4-401(K) Match	59.21	788.73	DD
1 Semi-Monthly	1	0-Regular Pay	10.00	59.25	592.50	0-Regular Pay	442.50	4,425.00	Medicare	17.03	221.34	5-<401(K) Match	(59.21)	(788.73)	
		Totals:		59.25	592.50	Total YTD:	442.50	4,425.00	IA: State WH	45.00	585.00	6-United Way	6.25	91.25	912.02
Employee Totals									Federal WH	255.90	160.78		16.25		2003779
1 Semi-Monthly	1	0-Regular Pay	10.00	59.25	592.50	0-Regular Pay	442.50	4,425.00	OASDI	34.46	185.86				DD
		Totals:		59.25	592.50	Total YTD:	442.50	4,425.00	Medicare	24.00	64.16				
Employee Totals									IA: State WH	8.59	85.00				508.56
3 Semi-Monthly	1	0-Regular Pay	10.00	44.00	440.00	0-Regular Pay	114.00	1,140.00	Federal WH	156.37	2,032.01	2-Health Insuran	10.00	130.00	2003780
		Totals:		44.00	440.00	Total YTD:	114.00	1,140.00	OASDI	52.56	683.26	3-Flex	41.66	541.58	DD
Employee Totals									Medicare	18.14	235.89	4-401(K) Match	65.15	846.95	
3 Semi-Monthly	1	0-Regular Pay	10.00	44.00	440.00	0-Regular Pay	114.00	1,140.00	IA: State WH	45.00	585.00	5-<401(K) Match	(65.15)	(846.95)	
		Totals:		44.00	440.00	Total YTD:	114.00	1,140.00	Federal WH	275.33	3,627.07	7-401(K) before	65.15	846.95	
Employee Totals									Medicare	18.14	235.89	13-401(K) bean re	90.89	1,178.97	823.43
3 Semi-Monthly	1	0-Regular Pay	10.00	44.00	440.00	0-Regular Pay	114.00	1,140.00	OASDI	54.69	710.96	2-Health Insuran	10.00	130.00	2003781
		Totals:		44.00	440.00	Total YTD:	114.00	1,140.00	Medicare	19.89	245.45	3-Flex	20.83	270.79	DD
Employee Totals									IA: State WH	48.00	624.00	4-401(K) Match	66.65	866.45	
3 Semi-Monthly	1	0-Regular Pay	10.00	44.00	440.00	0-Regular Pay	114.00	1,140.00	Federal WH	275.33	3,627.07	5-<401(K) Match	(66.65)	(866.45)	
		Totals:		44.00	440.00	Total YTD:	114.00	1,140.00	Medicare	18.48	247.86	7-401(K) before	66.65	866.45	
Employee Totals									IA: State WH	24.86	321.00		97.48		960.14
3 Semi-Monthly	1	0-Regular Pay	10.00	44.00	440.00	0-Regular Pay	114.00	1,140.00	Federal WH	0.00	0.00	2-Health Insuran	290.14	3,771.82	2003782
		Totals:		44.00	440.00	Total YTD:	114.00	1,140.00	OASDI	47.86	641.10	4-401(K) Match	62.55	813.15	DD
Employee Totals									Medicare	16.53	212.00	5-<401(K) Match	(62.55)	(813.15)	
3 Semi-Monthly	1	0-Regular Pay	10.00	44.00	440.00	0-Regular Pay	114.00	1,140.00	IA: State WH	22.00	286.00	7-401(K) before	62.55	813.15	
		Totals:		44.00	440.00	Total YTD:	114.00	1,140.00	Federal WH	0.00	0.00	0-Dental Insuran	32.80	384.40	
Employee Totals									OASDI	38.98	508.06		385.49		791.07

Check Date: 07/13/12

PAVROLI, RECISTER

Period: Semi-Monthly 07/01/12 - 07/15/12

Employee Name (State for)		Dept. No.		Pays		Year-to-Date		Taxes		Deductions & Memos		Ck. No. Type	
Emp. No.	SSN No.	UCI	Tax Status	Description	Rate	Hours	Pay	Description	Amount	Description	Amount	YTD Amount	YTD Amount
1			ACCESS	0-Regular Pay			1,244.09	Federal WH	189.80	2-Health Insuran	10.00	1,892.40	130.00
3				5-Additional lump			500.00	OASDI	51.83	4-401(K) Match	62.20	694.81	833.60
								Medicare	17.89	5-<401(K) Match	(62.20)	239.87	(633.60)
								IA: State WH	49.00			666.00	
				Totals:			1,244.09		258.52		10.00		
1				0-Regular Pay	10.00	69.00	690.00	Federal WH	0.00			0.00	
				4-Holiday pay		5.00	60.00	OASDI	28.98			354.80	
				Totals:			690.00		10.00			278.00	
1				0-Regular Pay	10.00	84.75	847.50	Federal WH	32.63			97.04	
				4-Holiday pay		9.00	135.00	OASDI	30.76			230.06	
				Totals:			847.50		10.62			79.42	
2				0-Regular Pay	10.00	73.25	732.50	Federal WH	0.00			0.00	
				4-Holiday pay		9.00	135.00	OASDI	37.45			575.89	
				Totals:			732.50		12.92			579.00	
1				0-Regular Pay		543.25	5,477.50	Federal WH	0.00			580.60	
				Totals:			5,477.50		36.00			579.00	
1				0-Regular Pay		625.50	6,255.00	Federal WH	0.00			580.60	
				Totals:			6,255.00		137.13			1,550.70	
1				0-Regular Pay	18.00	53.50	963.00	Federal WH	46.72			522.55	
				Totals:			963.00		40.45			472.88	
1				0-Regular Pay	10.00	12.00	120.00	Federal WH	0.00			0.00	
				4-Holiday pay		3.00	45.00	OASDI	5.03			89.88	
				Totals:			120.00		1.74			31.03	
1				0-Regular Pay		212.50	2,140.00	Federal WH	0.00			0.00	
				Totals:			2,140.00		6.77			9.00	
1				0-Regular Pay		25,582.05	25,582.05	Federal WH	163.04			2,119.52	
				Totals:			25,582.05		73.90			960.70	
1				0-Regular Pay	12.00	33.50	402.00	Federal WH	0.00			0.00	
				Totals:			402.00		16.88			187.74	
1				0-Regular Pay		372.50	4,470.00	Federal WH	0.00			0.00	
				Totals:			4,470.00		5.83			64.82	
1				0-Regular Pay		372.50	4,470.00	Federal WH	29.71			206.31	
				Totals:			4,470.00		7.00			60.00	
1				0-Regular Pay		15,708.29	15,708.29	Federal WH	15.87			206.31	
				Totals:			15,708.29		50.33			654.29	
1				0-Regular Pay		15,708.29	15,708.29	Federal WH	17.38			225.89	
				Totals:			15,708.29		48.00			624.00	
1				0-Regular Pay		15,708.29	15,708.29	Federal WH	131.58			1,061.75	
				Totals:			15,708.29		15.00			15.00	

Employee Name (State for)		SSN No. UCI		Tax Status		Dept. No.		Pays			Taxes			Deductions & Memos			Ch. No.	
Emp. No.	Pay Freq.	Description	Rate	Hours	Pay	Description	Hours	Amount	Description	Amount	Description	Amount	YTD Amount	Description	Amount	YTD Amount	Type	Net Pay
06	Semi-Monthly	0-Regular Pay	0.00		1,281.58	0-Regular Pay		17,544.45	Federal WH	0.00	2-Health Insuran	290.14	4,061.96	2003802				
		5-Additional lump			30.59	5-Additional lump		30.59	OASDI	549.61	4-401(K) Match	65.61	878.76	DD				
									Medicare	189.74	5-401(K) Match	(65.61)	(878.76)					
									IA: State WH	25.00	7-401(K) before	65.61	878.76					
										80.89	8-Dental Insuran	32.80	427.20					
Employee Totals					1,312.17	Total YTD:		17,575.04										842.73

J003244 2052437 001 92031 009729



Group Number Department Bill Clerk Billing Period Bill Date Page
 2000 07/01/12-08/01/12 06/11/12 3

Member Name	Member Number	Premiums Due				TOS	Comments	Premiums Due
		Health	Dental	Life and Disability	Other			
ELIGIBILITY ADJ								
Retro Adjustments								
		1,120.56	0.00	0.00	0.00	127 A	DEP ADD 05/12	1,120.56
Total Retro		1,120.56	0.00	0.00	0.00		TOTAL:	\$ 1,120.56
CURRENT PREMIUMS								
		373.52	0.00	0.00	0.00	101 A		373.52
		933.80	0.00	0.00	0.00	127 A		933.80
		373.52	0.00	0.00	0.00	101 A		373.52
		373.52	0.00	0.00	0.00	101 A		373.52
		373.52	0.00	0.00	0.00	101 A		373.52
		373.52	0.00	0.00	0.00	101 A		373.52
		933.80	0.00	0.00	0.00	127 A		933.80
Total Current		3,735.20	0.00	0.00	0.00		TOTAL:	\$ 3,735.20
Please pay amount shown in Total Amount Due on page 1 instead of Total shown on this page as these totals may be different.								
						TTL CONTRACTS		
						101	5	
						111	0	
						119	0	
						127	2	
						TTL	7	

Romer, Nicole [AG]

From: Romer, Nicole [AG]
Sent: Thursday, August 30, 2012 11:33 AM
To: _____
Subject: July SA Claim

I am reviewing the July SA claim and need some clarification. Under _____'s July 1 – July 15th pay stub, it has her work hours as 488 and pay to be \$6,803.70. There must have been a mistake entered, but I just need documentation supporting the gross wages that were entered on the payroll summary. Her gross wages show \$2,308.33.

Thanks,

Nikki Romer
Victim Service Specialist
Iowa Attorney General's Office
Crime Victim Assistance Division
321 E. 12th St.
Des Moines, IA 50319
515.281.0563 - Direct Line
515.281.8199 - Fax
nicole.romer@iowa.gov

*"We don't see things as they are, we see them as we are."
- Anias Nin*

Romer, Nicole [AG]

From: [Finance@assaultcarecenter.org]
Sent: Friday, August 31, 2012 10:22 AM
To: Romer, Nicole [AG]
Subject: FW: July SA Claim
Attachments: img-831101602-0001.pdf

I have attached the pay check voucher with the correction. Let me know if you need anything else. Shelly is out of the office until Tuesday.

Marvel

From: Shelly McQueeney
Sent: Thursday, August 30, 2012 2:54 PM
To: Marvel Snyder
Subject: FW: July SA Claim

Shelly McQueeney, MSW, LISW
Executive Director
Assault Care Center Extending Shelter & Support
P.O. Box 1429
Ames, Iowa 50014
(515) 292-0500 Phone
(515) 292-0505 Fax

ACCESS Mission:

To address the roots and impact of domestic and sexual violence through services that enhance safety, empower survivors, and promote understanding and social justice within our community.

Please consider donating to ACCESS at
www.assaultcarecenter.org

Thank you! Your support is greatly appreciated

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From: Romer, Nicole [AG] [mailto:Nicole.Romer@iowa.gov]
Sent: Thursday, August 30, 2012 11:33 AM
To: Shelly McQueeney
Subject: July SA Claim

I am reviewing the July SA claim and need some clarification. Under s July1 -- July 15th pay stub, it has her work hours as 488 and pay to be \$6,803.70. There must have been a mistake entered, but I just need documentation supporting the gross wages that were entered on the payroll summary. Her gross wages show \$2,308.33.

Thanks,

Nikki Romer
Victim Service Specialist
Iowa Attorney General's Office
Crime Victim Assistance Division
321 E. 12th St.
Des Moines, IA 50319
515.281.0563 - Direct Line
515.281.8199 - Fax
nicole.romer@iowa.gov

*"We don't see things as they are, we see them as we are."
- Anias Nin*

Assault Care Center Extending Shelter & Support
 P.O. Box 1429
 Ames, IA 50014-1429

F&M Bank
 Ames, IA 50010

Check Date	Check No.
07/31/2012	999999

Void after 90 days
 Amount
 (\$3,666.05)
 Payroll Account

VOID VOID VOID

*** Zero Three Thousand Six Hundred Sixty Six and 65/100 Dollars ***

VOID VOID VOID

Pay To The
 Order Of

Des Moines, IA 50312
 Div: 1 / Dept: 1

VOID VOID VOID

Authorized Signature

Company Name		Assault Care Center Extending Shelter & Support										Processed By Payroll Services of Iowa Inc.	
Employee Name		or										State for UCI	
Company No.	127	Payroll No.	0	Pay Frequency	Semi-Monthly	Tax Status	Depos	Xtr/Exd Flst	Xtr/Exd %	IA			
Employee No.	124	Division No.	1	Start Date		Federal	Single	6					
SSN No.		Home Depart. No.	1	End Date		(W) IA	No Status	2					
Check No.	999999	Net Pay	(3,666.05)	Check Date	07/31/2012	(R)							
Dept. No.	Current				Year-to-Date			Taxes			Deductions & Memos		
	Description	Rate	Hours	Pay	Description	Hours	Amount	Tax Description	Current Amount	YTD Amount	Deduction Description	Current Amount	YTD Amount
1	0-Regular Pay	13.9420	(408.00)	(5,688.34)	0-Regular Pay		15,708.29	Federal WH	(1,333.89)	213.89	2-Health Insurance	0.00	130.00
					2-Vacation	488.00	6,803.70	OSDI	(238.92)	701.13	4-401(k) Match	0.00	785.44
								Medicare	(82.48)	242.06	5-< 401(k) Match 10	0.00	(785.46)
								IA- State WH	(367.00)	667.00	6-United Way	0.00	65.00
Employee Totals		(408.00)	(5,688.34)		Total YTD	408.00	22,511.99		(2,022.29)			0.00	

Company Memo:

Private Memo: