

Crime Victim Assistance Division (CVAD)
Claim Voucher

Fund: DA-13 SA-13

Month: June

L.U.N.A.

Program
Address
City
E-mail Contact
Phone/Ext.
Vendor #

515-271-5060

RECEIVED
13 JUL 17 AM 11:46
ALLIANCE FOR VICTIM ASSISTANCE

DA - Domestic Abuse

SA - Sexual Abuse

Expense	Budget	Claim	YTD	Balance	Budget	Claim	YTD	Balance
Payroll	31,354	2,513.22	30,912.64	441.36	12,578	1,068.80	12,135.20	442.80
Benefits	7,528	460.11	4,881.06	2,646.81	3,879	141.62	5,022.95	(1,143.95)
Travel & Training	2,766	333.92	5,028.69	(2,262.69)	2,000	640.40	4,997.11	(2,997.11)
Contracted Svc.	5,639	-	4,714.95	923.76	6,396	402.40	4,775.15	1,620.85
Equipment		1,307.39	1,307.39	(1,307.39)		-	-	-
Repairs & Maint.	250	83.79	285.97	(35.97)		-	-	-
Rent	3,959	-	5,661.68	(1,702.26)	3,959	997.53	1,995.06	1,963.94
Utilities		-	-	-		-	-	-
Communications	3,410	336.84	1,614.20	1,795.80		117.96	117.96	(117.96)
Supplies	4,000	1,606.81	5,307.47	(1,307.47)	4,025	1,407.93	3,793.57	231.43
Insurance	1,530	-	1,772.95	(242.95)		-	-	-
Other Direct	1,575	-	524.00	1,051.00		-	-	-
Total	62,011	6,642.08	62,011.00	(0.00)	32,837	4,776.64	32,837.00	0.00

PAID
JUL 29 2013

Total DA/SA 11,418.72

Program Signature

[Signature]

Date

7/11/13

CVAD Signature

[Signature]

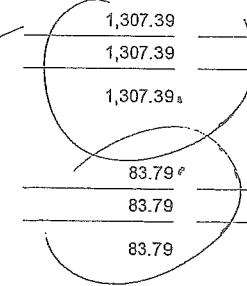
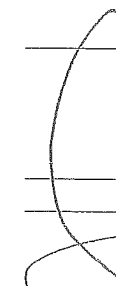
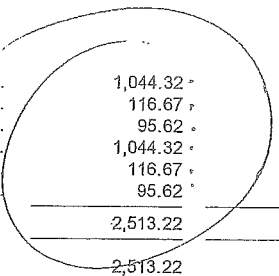
Date

7/26/13

Original or First claim	
Doc # AGKH	091112001
Date Paid	09/11/12

L.U.N.A.
Profit & Loss Detail State DA
June 2013

Type	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Ordinary Income/Expense									
Income									
Grants									
Invoice	6/30/2013	814	Crime Victim Assis...	Grant Vouch...	State DA		Accounts Rec...	6,642.08	6,642.08
Total Grants								6,642.08	6,642.08
Total Income								6,642.08	6,642.08
Expense									
Payroll Expenses									
Salary									
Check	6/15/2013	payroll		50% DA	State DA		First Bank-Ch...	1,044.32	1,044.32
Check	6/15/2013	payroll		10% DA	State DA		First Bank-Ch...	116.67	1,160.99
Check	6/15/2013	payroll		10% DA	State DA		First Bank-Ch...	95.62	1,256.61
Check	6/30/2013	payroll		50% DA	State DA		First Bank-Ch...	1,044.32	2,300.93
Check	6/30/2013	payroll		10% DA	State DA		First Bank-Ch...	116.67	2,417.60
Check	6/30/2013	payroll		10% DA	State DA		First Bank-Ch...	95.62	2,513.22
Total Salary								2,513.22	2,513.22
Total Payroll Expenses								2,513.22	2,513.22
Benefits									
Vision									
Bill	6/21/2013		✓ Delta Dental	4.15 per sta...	State DA		Accounts Pay...	12.45	12.45
Total Vision								12.45	12.45
Simple IRA ER Contribution									
Bill	6/30/2013		✓ Oppenheimer Funds	41.77 2% gr...	State DA		Accounts Pay...	83.54	83.54
Total Simple IRA ER Contribution								83.54	83.54
Life and Disability Insurance									
Bill	6/30/2013		✓ Guardian	Adriana	State DA		Accounts Pay...	27.12	27.12
Bill	6/30/2013		Guardian	admin fee	State DA		Accounts Pay...	4.00	31.12
Total Life and Disability Insurance								31.12	31.12
Unemployment Insurance									
Check	6/15/2013	electr...	Iowa Workforce D...		State DA		First Bank-Ch...	70.37	70.37
Check	6/30/2013	electr...	Iowa Workforce D...		State DA		First Bank-Ch...	70.37	140.74
Total Unemployment Insurance								140.74	140.74
Employer Share FICA									
Check	6/15/2013	Electr...	Internal Revenue ...		State DA		First Bank-Ch...	96.13	96.13
Check	6/30/2013	Electr...	Internal Revenue ...		State DA		First Bank-Ch...	96.13	192.26
Total Employer Share FICA								192.26	192.26
Total Benefits								460.11	460.11
Travel & Training									
Airline Tickets									
Bill	6/21/2013		✓ v	Airfare	State DA		Accounts Pay...	239.80	239.80
Total Airline Tickets								239.80	239.80
Mileage and Parking									
Bill	6/28/2013		✓	mileage and ...	State DA		Accounts Pay...	48.65	48.65
Bill	6/28/2013		✓	June mileage	State DA		Accounts Pay...	22.43	71.08
Bill	6/28/2013		✓	Mileage and ...	State DA		Accounts Pay...	23.04	94.12
Total Mileage and Parking								94.12	94.12
Total Travel & Training								333.92	333.92
equipment									
Computer and Electronics									
Bill	6/21/2013		✓ Computer Pro	New laptop ...	State DA		Accounts Pay...	1,307.39	1,307.39
Total Computer and Electronics								1,307.39	1,307.39
Total equipment								1,307.39	1,307.39
Repairs & Maintenance									
Building Repairs									
Bill	6/12/2013		✓ All Seasons Heatin...	AC Mainten...	State DA		Accounts Pay...	83.79	83.79
Total Building Repairs								83.79	83.79
Total Repairs & Maintenance								83.79	83.79
Communications									
Business phone/fax									
Bill	6/17/2013		✓ Internet Solver, Inc.	June	State DA		Accounts Pay...	336.84	336.84



\$750 + (4) memory modules

10:42 AM
 07/08/13
 Accrual Basis

L.U.N.A.
 Profit & Loss Detail State DA
 June 2013

Type	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Total Business phone/fax								336.84	336.84
Total Communications								336.84	336.84
Supplies									
Printing and Reproduction									
Bill	6/21/2013		Des Moines Public Schools	business car	State DA		Accounts Pay...	1,537.23	1,537.23
Total Printing and Reproduction								1,537.23	1,537.23
Misc Office Supplies									
Bill	6/12/2013		Crystal Clear	May	State DA		Accounts Pay...	69.58	69.58
Total Misc Office Supplies								69.58	69.58
Total Supplies								1,606.81	1,606.81
Total Expense								6,642.08	6,642.08
Net Ordinary Income								0.00	0.00
Net Income								0.00	0.00

Monthly program purchased \$1720

Des Moines Public Schools

1,537.23

Kabel Business Services Check Register

EMPLOYEE NAME ID, DEPT, NUM, CLOCK C, SEC, FREQ, M/S, EX	EARNINGS		TAXES		DEDUCTIONS		CURRENT		Y-T-D		CHECK # NET PAY	
	AMOUNT	RATE	AMOUNT	HOURS	AMOUNT	HOURS	AMOUNT	AMOUNT	AMOUNT	AMOUNT		
0025 SEM S0 S0	SALARY		1166.67	2.00	12833.37		72.33	795.67	SIMITRAS	25.00	250.00	1299V
	VACATION			4.00			16.91	186.08	VAC IN M		8.75	
	SICK						138.91	1531.76	VAC BAL M		2.00	
	TOTALS		1166.67	6.00	12833.37		271.15	2988.51	SICK IN M		5.00	
								SICKBAL M		4.00	870.52	
0010 SEM S0 S0	SALARY		956.15	1.00	10517.65		59.28	652.09	POLK25%		184.73	1300V
	VACATION			3.50			13.87	152.51	GARNFEE		2.00	
	SICK						111.08	1221.88	VAC IN M		4.20	
	TOTALS		956.15	4.50	10517.65		217.23	2389.48	VAC BAL M		1.00	
								SICK IN M		5.00	738.92	
								SICKBAL M		3.50		
0010 SEM S1 S1	SALARY		2088.64	4.00	22975.04		129.49	1424.45	VAC IN M		8.75	1301V
	VACATION			5.50			30.29	333.14	VAC BAL M		4.00	
	SICK	0.50					288.98	3178.78	SICK IN M		5.00	
	TOTALS		2088.64	9.50	22975.04		544.76	5992.37	SICKBAL M	0.50	5.50	1543.88
0025 SEM S2 S2	SALARY		1237.72	2.00	13614.92		6.74	844.13	VAC IN M		8.75	1302V
	VACATION			2.00			17.95	197.42	VAC BAL M		2.00	
	SICK						104.56	1150.16	SICK IN M		5.00	
	TOTALS		1237.72	4.00	13614.92		241.25	2653.71	SICKBAL M		2.00	996.47
DIVISION # LATINAS UNIDAS POR UN NUSICK	SALARY	0.50	5449.18				337.84		SIMITRAS	25.00		4
	TOTALS		5449.18				79.02		SICKBAL M	0.50		
							643.53				25.00	4149.79
							214.00					
							1274.39					
KABEL BUSINESS SERVICES 99 (INVOICE PAYMENT)	TOTALS											VOUCHER
												57.60
												57.60
DIVISION # 99 LATINAS UNIDAS POR UN NU	TOTALS											1
												57.60
COMPANY TOTALS LATINAS UNIDAS POR UN NUSICK	SALARY	0.50	5449.18				337.84		SIMITRAS	25.00		5
	TOTALS		5449.18				79.02		SICKBAL M	0.50		
							643.53				25.00	4207.39
							214.00					
							1274.39					

KABEL ACH Direct Deposit Report

Send Direct Deposit Data to 0739-0080-7 FIRST AMERICAN BANK
Output Medium - Diskette

IV#	DEPT#	EMP#	EMPLOYEE NAME	BANK ABA/TR#	BANK NAME	ACCOUNT #	TRANS	DEPOSIT AMOUNT	WITHDRAWAL AMOUNT	
99		0025		2730-7440-7	COMMUNITY CHOICE CREDIT UNION		22 C	870.52		
		0017		0730-0022-8	WELLS FARGO		22 C	738.92		
		0018		0730-0079-4	IA STATE BK, DES MOINES, I		22 C	1543.88		
		0023		0730-0022-8	WELLS FARGO		22 C	996.47		
		\$TAX	KABEL BUSINESS SERVICES	0739-0080-7	FIRST AMERICAN BANK		22 C	1996.39		
		\$INV	KABEL BUSINESS SERVICES	0730-0064-2	BANKERS TR CO		22 C	57.60		
		LUNA	LATINAS UNIDAS POR UN NUEVO	0739-0336-7	FIRST BANK	46175	27 C		6203.78	
BATCH 01 TOTALS -										
							EFFECTIVE DATE	JUN 14, 2013		
							CHECKING DEPOSITS	6	6203.78	
							SAVINGS DEPOSITS	-		
							CHECKING WITHDRAWAL	1		6203.78
							SAVINGS WITHDRAWAL	-		
							TOTALS	7	6203.78	6203.78

GRAND TOTALS -

CHECKING DEPOSITS	-	6	6203.78
SAVINGS DEPOSITS	-	1	6203.78
CHECKING WITHDRAWAL	-	7	6203.78
SAVINGS WITHDRAWAL	-		
TOTALS	-		

Kabel Business Services Check Register

EMPLOYEE NAME IV DEPT NUM: C/CLK JC. SEC. FREQ. M/S. EX.	EARNINGS		TAXES		DEDUCTIONS		CHECK #
	CURRENT HOURS	CURRENT AMOUNT	CURRENT HOURS	CURRENT AMOUNT	CURRENT AMOUNT	CURRENT AMOUNT	
0025 SEM S0 S0 xx	SALARY	1166.67	FICA	72.33	SIMIRA\$	25.00	1304V ✓ 870.51
	BONUS		MEDFICA	16.92	VAC IN M	1.75	
	VACATION		FED WTH	138.91	VAC BAL M	1.00	
	SICK		IA	43.00	SICK IN M	1.00	
TOTALS	1166.67	271.16			SICKBAL M	25.00	
0017 SEM S0 S0	SALARY	956.15	FICA	59.29	POLK25%	184.73	1306V ✓ 738.92
	BONUS		MEDFICA	13.86	GARNFEE	2.00	
	VACATION		FED WTH	111.08	VAC IN M	0.84	
	SICK		IA	33.00	VAC BAL M	1.00	
TOTALS	956.15	217.23			SICK IN M	1.00	
0018 SEM S1 S1	SALARY	2088.64	FICA	129.50	POLK25%	184.73	1307V ✓ 1543.88
	BONUS		MEDFICA	30.28	GARNFEE	2.00	
	VACATION		FED WTH	288.98	VAC IN M	5.04	
	SICK		IA	96.00	VAC BAL M	1.00	
TOTALS	2088.64	544.76			SICK IN M	6.00	
0023 SEM S2 S2	SALARY	1237.72	FICA	76.73	VAC IN M	10.50	1310V ✓ 996.49
	BONUS		MEDFICA	17.94	VAC BAL M	4.00	
	VACATION		FED WTH	104.56	SICK IN M	6.00	
	SICK		IA	42.00	SICKBAL M	6.00	
TOTALS	1237.72	241.23					

Kabel Business Services Check Register

EMPLOYEE NAME DIV. DEPT. NUM. CLOCK SOC. SEC. FREQ. M/S EX.	EARNINGS		CURRENT		Y T D HOURS	Y T D AMOUNT	TAXES	CURRENT AMOUNT	Y T D AMOUNT	DEDUCTIONS	CURRENT AMOUNT	Y T D AMOUNT	CHECK # NET PAY
	HOURS	RATE	AMOUNT	AMOUNT									
123 JEM S2 S2	SALARY		500.00		14852.64		FICA	31.00	951.86	VAC IN M	25.00	10.50	1311V
	BONUS				500.00		MEDFICA	7.25	222.61	VAC BAL M	6.09	2.00	
	VACATION						FED WTH		1254.72	SICK IN M	1.00	6.00	
	SICK						ITA		504.00	SICKBAL M	0.50	2.00	
	TOTALS		500.00		15352.64			38.25	2933.19		25.00		461.75
DIVISION # 99 LATINAS UNIDAS POR UN NU	SALARY		5449.18				FICA	461.85		SIMIRAS\$	25.00		
	BONUS						MEDFICA	108.00		VAC IN M	6.09		
	VACATION						FED WTH	643.53		VAC BAL M	1.00		
	SICK						STATE	214.00		SICK IN M	4.00		
	TOTALS		7449.18					1427.38		SICKBAL M	0.50		5996.80
KABEL BUSINESS SERVICES 99 (INVOICE PAYMENT)	TOTALS												VOUCHER 57.60
DIVISION # 99 LATINAS UNIDAS POR UN NU	TOTALS												1 57.60
COMPANY TOTALS LATINAS UNIDAS. POR. UN NU	SALARY		5449.18				FICA	461.85		SIMIRAS\$	25.00		
	BONUS						MEDFICA	108.00		VAC IN M	6.09		
	VACATION						FED WTH	643.53		VAC BAL M	1.00		
	SICK						STATE	214.00		SICK IN M	4.00		
	TOTALS		7449.18					1427.38		SICKBAL M	0.50		6054.40

From: billing@deltadentalia.com
Sent: Saturday, June 15, 2013 3:12 AM
To:
Subject: Delta Dental Billing Invoice

Please find below a link to your invoice.

If you have any questions, call 1-877-983-3582.

<https://www.deltadentalia.com/employer/connection/myinvoices>

Group Number	Group Name	Type	
Amount Due	LATINAS UNIDAS POR UN NUEVO	Vision	\$
12.45			



CONTRIBUTION PROCESSING SYSTEM



Submission Acknowledgement

June 2013 Contributions

Your contribution data has been received at 2013-07-11 10:16:22.453 Mountain Time.

Your acknowledgment number is: C
Please record this acknowledgment number, or use your browser's print command to print this page for a summary of your contribution submission.

Payment in the amount of 267.94 will be automatically debited from the appropriate bank account via ACH. Contributions submitted before market close will receive that day's fund prices. Any contributions submitted after market close will be credited on the following business day.

Thank you for your business.

[Return to Main Menu]

Submission Summary

Employees:	4
Total Contributions:	5
Total Dollar Amount:	267.94

Oppenheimer funds are distributed by OppenheimerFunds Distributor, Inc.
Two World Financial Center, 225 Liberty Street, NY, NY 10281-1008

[Privacy/Legal Notice](#)

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83.54

46.14 -

38.24 -

49.50



Billing Statement

For Period 07/01/13 to 07/31/13

Statement Date: 06/17/13

Payment Summary

Payment Received 05/31/13 -124.28

No Outstanding Balance As Of 6/17/13 0.00

Current Premium 120.28

Administration Fee 4.00

Total Payment Due 7/01/13 \$124.28

Approval:

Planholder use only

Summary of Activity this Period

Coverage	Previous No. Ins.	Adds	Terms	Current No. Ins.	Current Premiums	Premium Adjustments
LTD	4	0	0	4	\$35.23	\$0.00
TOTAL					\$120.28	\$0.00

Planholder Reference

L.U.N.A.
 Gto
 Division ID: 0000
 RHQ: SP
 RGO: 252
 A/R: WWA

Questions?

Log on to
www.GuardianAnytime.com

Check or make changes to
 members' eligibility, view and pay
 bills and more.

Log on or register in two minutes
 at www.GuardianAnytime.com

Due Date: 07/01/13
Payment Due: \$124.28

- Please do not write on payment coupon. If you have changes, please submit them via Guardian Anytime or submit on Change Report.
- Your Guardomatic payment will be automatically deducted on 07/01/13

Group II
 Division: 0000
 A/R: WWA

Guardomatic Payment Notice



L.U.N.A.

GUARDIAN®



Summary of Current Premiums by Rate Class

Coverage	Emp	Total
LTD	\$35.23	\$35.23
TOTAL	\$120.28	\$120.28

NOTICES FOR L.U.N.A.

For the quickest and easiest way to pay your bill or manage member changes, go to www.GuardianAnytime.com. Simplified, secure benefits administration is available 24/7. If you aren't already registered, go to www.GuardianAnytime.com.

GUARDIAN®



Visit our secure website at www.guardiananytime.com

- View bill online without the wait for mail
- Submit changes and make payments

GUARDIAN
P O BOX 26050
LEHIGH VALLEY, PA 18002-6050

Please make sure the Guardian address is visible through the return envelope window.



GUARDIAN

Current Premiums

Employee	Basic Term Life Premium	LTD Premium	STD Premium	Total Premium
	27.75	21.10	10.84	59.69
	15.64	14.79	11.73	42.16
	11.20	11.67	12.92	35.79
TOTAL	\$34.79	\$35.23	\$50.26	\$120.28
Total Current Premiums	\$34.79	\$35.23	\$50.26	\$120.28

1,044.32 +
 116.67 +
 95.62 +
 1,044.32 +
 116.67 +
 95.62 +
 2,513.22 *

Payroll

000 CA
 12.45 +
 83.54 +
 27.12 +
 4.0 +
 70.37 +
 70.37 +
 96.13 +
 96.13 +
 460.11 *

Benefits

000 CA

Victim Services Support Program (VSS)
 Iowa Attorney General's Crime Victim Assistance Division (CVAD)
 Out of State Travel Request for Conference/Training/Meeting

Program: L.U.N.A.
 City: Des Moines
 Email contact: _____
 Date requested: 5/20/2013
 Conference/meeting city & state: Phoenix, AZ
 Link to conference information: see e-mail for link
 Estimated travel dates: Sept 8-11th

Complete the blank sections below that apply to the funds you are requesting. Shaded areas are set to

A	Lodging:	Daily Rate	Number of Nights	Number of Attendees
		\$118.27	3	2

B	Airfare/checked baggage:	Ticket Price per Attendee	Checked Baggage per Attendee	Number of Attendees
			\$50.00	2

C	Taxi, shuttle, etc:	Total Taxi Costs	Total Shuttle Costs	Other Public Transportation
		\$40.00		

D	Mileage (use the agency per diem or mileage rate, whichever applies):	Total Miles	Mileage Rate	Total Per Diem Costs

E	Meals (use the agency per diem or actual expenses, whichever applies):	Total Meal Costs (per Attendee)	Total Attendees	Total Per Diem Costs
		\$246.00	2	

F	Other eligible expenses (registration fees, etc.):	Registration	2 people	

Total funds requested:	\$1,341.62
------------------------	------------

Please designate the fund(s) along with the amount that you are requesting from each.

State DA:	State SA:	FV:
SS:	VW:	VA:

Do not fill out the section below as it is for VSS Staff to complete.

VSS Staff Signature	Date	Approved	Denied
	5-21-13	X	
If denied, reason for denial			



Phoenix

Fri Sep/6/2013 - Tue Sep/10/2013 | Itinerary

Important Information

- Remember to bring your itinerary and government-issued photo ID for airport check-in and security.

Des Moines (DSM) → Phoenix (PHX)
 Fri Sep/6/2013 - Tue Sep/10/2013, 2 round trip tickets

CONFIRMED
 US Airways

Your reservation is booked and confirmed. There is no need to call us to reconfirm this reservation.

Traveler Information

Adult	No frequent flyer details provided	Ticket #
Adult	No frequent flyer details provided	Ticket #

* Seat assignments, special meals, frequent flyer point awards and special assistance requests should be confirmed directly with the airline.

9/6/13 - Departure Nonstop Total travel time: 2 h 53 m

Web Fare

Des Moines Phoenix 2 h 53 m 1,149miles
 DSM 3:00pm PHX 3:53pm
 US Airways 515
 Economy/Coach (G) | Seat 14F, 14E | Confirm or change seats with the airline*

9/10/13 - Return Nonstop Total travel time: 2 h 47 m

Web Fare

Phoenix Des Moines 2 h 47 m 1,149miles
 PHX 6:50pm DSM 11:37pm
 US Airways 2811 Operated by US AIRWAYS EXPRESS-MESA AIRLINES

Price Summary

Traveler 1: Adult	\$239.80
Flight	\$202.79
Taxes & Fees	\$37.01
Traveler 2: Adult	\$239.80
Flight	\$202.79
Taxes & Fees	\$37.01
Expedia Booking Fee	\$0.00

Total: \$479.60

All prices quoted in US dollars.

Additional Flight Services

- The airline may charge additional fees for checked baggage or other optional services.

Economy/Coach (G) | Seat 09A, 09C | Confirm or change seats
with the airline*

Airline Rules & Regulations

- We understand that sometimes plans change. We do not charge a cancel or change fee. When the airline charges such fees in accordance with its own policies, the cost will be passed on to you.
- Tickets are nonrefundable, nontransferable and name changes are not allowed.
- Please read the complete penalty rules for changes and cancellations applicable to this fare.
- Please read important information regarding airline liability limitations.

Need help with your reservation?

Call us at 1-800-EXPEDIA (1-800-397-3342) or 1-404-728-8787

For faster service, mention itinerary #

L.U.N.A Employee Expense Form -CASH REIMBURSEMENT REQUEST

Date Submitted to finance: 5-28-13 Submit #: 150

Due Date of Payment: _____

Event/Purpose of expense: Mileage (parking June 2013)

Submit the completed form to the Director for approval. All receipts must be taped to on 8 1/2" X 11" sheet paper and all columns must be completely filled out.

If mileage is submitted, list the number of miles in the "Paid To" column. If L.U.N.A is to be reimbursed, please be sure to indicate on this form. Expenses will be reimbursed on the last day of the month in which the form is submitted. **NOTE: please indicate the applicable grant (to the best of your knowledge). If you fall under a**

CVAD grant please include 1 photocopy of all items submitted. It is recommended that you also keep a copy for your files.

Date	Paid to: (Business Name)	Breakdown of Purpose	Cash Amt	L.U.N.A Will be Reimbursed By	Applicable Grant
		163.96	40.15		
		39	8.50		
		Parking			
		TOTAL:	48.65		

Approved By: _____

Date: 7/1/13

40.15
8.50 +
48.65 *
* 0.00 CA

PARKING RECEIPT

\$1.50

Polk County Dept. of General Services
Polk County Administration Bld.
6th and Cherry
Des Moines, Iowa 50309



Attendant's Signature

6-13

PARKING RECEIPT

Polk County Dept. of General Services
Polk County Administration Bld.
6th and Cherry
Des Moines, Iowa 50309

\$2.00



Attendant's Signature

8/26/13

CITY OF DES MOINES
5TH AND WALNUT
WEST LANE
DES MOINES, IA 50309

Rcpt# 28525
05/17/13 10:06 L# 2 AM 10 Txn#111656
05/17/13 08:12 In 05/17/13 10:06 Out
Lost Fee 02 \$ 3.00
Total Fee \$ 3.00
VISA \$ 3.00-
XXXXXXXXXXXX
Approval No.:017863
Reference No.:064
Change Due \$ 0.00

THANK YOU
PLEASE COME AGAIN

PARKING RECEIPT

Polk County Dept. of General Services
Polk County Administration Bld.
6th and Cherry
Des Moines, Iowa 50309

\$2.00



Attendant's Signature

6/28/17

L.U.N.A Employee Expense Form -CASH REIMBURSEMENT REQUEST

Date Submitted to finance: 7/11/13 Submitted by: FRANK

Due Date of Payment FRANK

Event/Purpose of expense: JUNE 2013 mileage

Submit the completed form to the Director for approval. All receipts must be taped to an 8 1/2 X 11 Sheet paper and all columns must be completely filled out.

If mileage is submitted list the number of miles in the "Paid To" column. If L.U.N.A is to be reimbursed please be sure to indicate on this form. Expenses will be reimbursed on the last day of the month in which the form is submitted. NOTE: please indicate the applicable grant (to the best of your knowledge). If you fall under a CVAD grant please include 1 photocopy of all items submitted. It is recommended that you also keep a copy for your files.

Date	Paid to (Business Name)	Breakdown of Purpose	Cash Amt	L.U.N.A Will be Reimbursed By	Applicable Grant
6/28		51.5 X 39 mileage	20.43		
		TOTAL:	20.43		

Approved By: _____ Date: 7/11/13

L.U.N.A Employee Expense Form - CASH REIMBURSEMENT REQUEST

Date Submitted to finance: 6-28-13 Submitted by: sm

Due Date of Payment: ASAP

Event/Purpose of expense: July 2013 Mileage

Submit the completed form to the Director for approval. All receipts must be taped to an 8 1/2 X 11 Sheet paper and all columns must be completely filled out.

If mileage is submitted, list the number of miles in the "Paid To" column. If L.U.N.A is to be reimbursed, please be sure to indicate on this form. Expenses will be reimbursed on the last day of the month in which the form is submitted. NOTE: please indicate the applicable grant (to the best of your knowledge). If you fall under a CVAD grant please include 1 photocopy of all items submitted. It is recommended that you also keep a copy for your files.

Date	Paid to (Business Name)	Breakdown of Purpose	Cash Amt	L.U.N.A Will be Reimbursed By	Applicable Grant
6/2013		40.48 6.39			
TOTAL:			15.789		

Approved By: [Signature] Date: 7/1/13

CITY OF DEER MOINES
5TH AND WALNUT
EAST LAKE
DEER MOINES, IA 50309

Receipt 2060
06/27/13 10:22 LT 2 AM 5 TXN# 5647
06/27/13 08:12 In 06/27/13 10:22 Out
TK# 201322
\$13.00 Fee \$ 4.25
Total Fee \$ 4.25
CASH PAID \$ 4.25
Cash Tender \$ 4.25
Change Due \$ 0.00
THANK YOU
PLEASE COME AGAIN

Handwritten signature

239.8 +
48.65 +
22.43 +
15.79 +
7.25 +
333.92 *
0000CA

C/A

Computer Pro

Computer Pro
 107 1st Ave W
 Newton, IA 50208
 U.S.A
 Phone: 641-792-2444

INVOICE

Bill To :
IUNA

Invoice#	INV-232
Date	17 Jun 2013
Terms	Net 30
Due Date	17 Jul 2013
P.O.#	

Item	Description	Qty	Rate	Amount
Lenovo ThinkPad Edge E535 3260EDU 15.6" LED Notebook	Lenovo ThinkPad Edge E535 3260EDU 15.6" LED Notebook - AMD A-Series A4-4300M 2.5GHz (Dual-Core) - 1366 x 768 HD Display - 4 GB RAM - 320 GB HDD - DVD-Writer - AMD Graphics - Webcam - Genuine Windows 7 Professional - 6 Hour Battery - HDMI	1.00	749.99	749.99
Labor (Business Out Shop)	Work done on 6/17/2013	2.00	75.00	150.00
Mileage	Mileage reimbursment	80.00	0.39	31.20
Crucial 8GB DDR3 SDRAM ECC - Registered	Crucial 8GB DDR3 SDRAM Memory Module 8 GB - DDR3 SDRAM - 1600 MHz DDR3-1600/PC3-12800 - ECC - Registered - 240-pin - DIMM	4.00	139.99	559.96
Labor (Business Out Shop)	Work done on 6/18/2013	2.00	75.00	150.00
Mileage	Mileage reimbursment	80.00	0.39	31.20

Thanks for your business.

Sub Total:	1,672.35
Sales Tax (7%):	91.70
Total:	\$ 1,764.05
Payment made:	(-) 0.00
Balance Due:	\$ 1,764.05

1307.39 DA

Computer Pro

Computer Pro
107 1st Ave W
Newton, IA 50208
U.S.A
Phone: 641-792-2444

INVOICE

Bill To:
LUNA

Invoice#	INV-235
Date	20 Jun 2013
Terms	Net 30
Due Date	20 Jul 2013
P.O.#	

Item	Description	Qty	Rate	Amount
Labor (In Shop)	Cracked laptop password and reset	1.00	40.00	40.00

Thanks for your business.

Sub Total:	40.00
Total:	\$ 40.00
Payment made:	(-) 0.00
Balance Due:	\$ 40.00

Computer Pro

Computer Pro
 107 1st Ave W
 Newton, IA 50208
 U.S.A
 Phone: 641-792-2444

INVOICE

Bill To :
LUNA
[

Invoice#	INV-94
Invoice Date	16 Jul 2012
Terms	Net 30
Due Date	15 Aug 2012
P.O.#	

Item	Description	Qty	Rate	Amount
Labor (Business Out Shop)	Server updates, fix Outlook Certificate issue, enable exchange services on Adriana's Mac laptop and iPhone	3.00	75.00	225.00
Mileage	Mileage reimbursement	80.00	0.39	31.20

Thanks for your business.

Sub Total:	256.20
Total:	\$ 256.20
Payment made:	(-) 0.00
Balance Due:	\$ 256.20

Invoice

All Seasons HVAC LLC
 All Seasons HVAC LLC
 P.O. Box 174
 Norwalk, IA 50211
 515-202-9182

Date	Invoice #
6/11/2013	5439

Bill To
L. U. N. A.

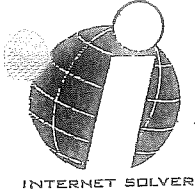
Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Due on receipt	Rick/	5/31/2013			
Quantity	Item Code	Description	U/M	Price Each	Amount	
1	15 HVAC	Serviced air conditioning equipment. Cleaned evaporator coil and condenser coil, replaced filter, checked refrigerant levels, and checked operation of equipment.		4.05	4.05T	
1	500-0056	20x25x1 poly filter	hr	75.00	75.00T	
1	labor-rick	labor-rick		6.00%	4.74	
		Sales Tax				

Thank you for your business.

Phone #	Fax #
515-202-9182	515-528-2383

Total	\$83.79
Web Site	



INTERNET SOLVER, INC.

www.internetsolver.com
 11308 Aurora Ave
 Urbandale, IA 50322

Date: 6/15/2013
 Invoice #: 75875
 Payment Due By: 7/15/2013

Customer # 3024 Security ID 3024

LUNA

Internet Solver is pleased to announce our acquisition by:



Our shared expertise and resources will help us to provide world class service to our clients.

Service Type	Description	Qty	Rate	Amount
Business	Digital Voice Business Line 7/1/2013-7/31/2013 515-271-5060	1	30.00	30.00T
FUSF	Federal Universal Service Fund		5.4405%	1.63
Regulatory Fees	Regulatory Fees		2.00%	0.60
E-911	E-911 Emergency Telephone Service Surcharge	1	1.00	1.00
Business	Digital Voice Business Line 7/1/2013-7/31/2013 515-271-5061	1	30.00	30.00T
FUSF	Federal Universal Service Fund		5.4405%	1.63
Regulatory Fees	Regulatory Fees		2.00%	0.60
E-911	E-911 Emergency Telephone Service Surcharge	1	1.00	1.00
Business	Business Telephone Line 7/1/2013-7/31/2013 515-271-5062	1	30.00	30.00T
FUSF	Federal Universal Service Fund		5.4405%	1.63
Regulatory Fees	Regulatory Fees		2.00%	0.60
E-911	E-911 Emergency Telephone Service Surcharge	1	1.00	1.00
Business	Digital Voice Business Line 7/1/2013-7/31/2013 Additional Line #1	1	30.00	30.00T
FUSF	Federal Universal Service Fund		5.4405%	1.63
Regulatory Fees	Regulatory Fees		2.00%	0.60
E-911	E-911 Emergency Telephone Service Surcharge	1	1.00	1.00
Business	Digital Voice Business Line 7/1/2013-7/31/2013 Additional Line #2	1	30.00	30.00T
FUSF	Federal Universal Service Fund		5.4405%	1.63
Regulatory Fees	Regulatory Fees		2.00%	0.60
E-911	E-911 Emergency Telephone Service Surcharge	1	1.00	1.00
Business	Digital Voice Business Line 7/1/2013-7/31/2013 Additional Line #3	1	30.00	30.00T
FUSF	Federal Universal Service Fund		5.4405%	1.63
Regulatory Fees	Regulatory Fees		2.00%	0.60
E-911	E-911 Emergency Telephone Service Surcharge	1	1.00	1.00
Business	Digital Voice Business Line 7/1/2013-7/31/2013 Additional Line #4	1	30.00	30.00T
FUSF	Federal Universal Service Fund		5.4405%	1.63
Regulatory Fees	Regulatory Fees		2.00%	0.60
E-911	E-911 Emergency Telephone Service Surcharge	1	1.00	1.00

If payment is not received by the due date, a 1.5% monthly finance charge may be added to your next invoice.
 Collection fees will also be added to delinquent accounts.

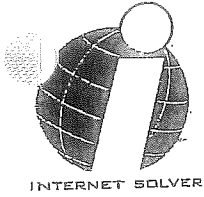
Total New Charges

Account Balance

Phone: (515) 224-9229

sales@internetsolver.com

Fax: (515) 224-0829



INTERNET SOLVER, INC.

www.internetsolver.com
11308 Aurora Ave
Urbandale, IA 50322

Date 6/15/2013
Invoice # 75875
Payment Due By 7/15/2013

Customer # 3024 Security ID 3024

LUNA

Des Moines, IA 50321

Internet Solver is pleased to announce our acquisition by:



Our shared expertise and resources will help us to provide world class service to our clients.

Service Type	Description	Qty	Rate	Amount
INTERNET	ISP Service - Business - 1.5 Mbps DSL 7/1/2013-7/31/2013 Fleur Drive	1	25.00	25.00
INTERNET	Standalone DSL Loop - Business - 1.5 Mbps 7/1/2013-7/31/2013 Fleur Drive	1	65.00	65.00
Voice Feature	Long Distance Usage	1	1.55	1.55
FUSF	Long Distance Usage : 2013-06-15		5.4405%	0.08
	Federal Universal Service Fund		6.00%	12.60
	Iowa Sales Tax			

If payment is not received by the due date, a 1.5% monthly finance charge may be added to your next invoice.
Collection fees will also be added to delinquent accounts.

Total New Charges \$336.84

Account Balance \$336.84

Phone: (515) 224-9229

sales@internetsolver.com

Fax: (515) 224-0829

(Job No.) 0843



PRINTING REQUEST

Printing Services • 1800 Grand Ave. • 50309
Room 411 • Phone: 242-7670 • Fax: 242-7630

Account Number: Check to Come

Today's Date 5-29-13 Due Date _____

School/Dept. LUNA Phone 171-5060 Ordered By _____

Description Program Brochures Mini Brochure Authorized By _____

Number of Copies Needed 1500 English of Originals 4 Print 1 sided _____ Print 2 sided X
1000 Mini 2

PAPER: (circle) (All papers are available in 8.5 X 11. Colors in 8.5 X 14 and 11 X 17 are available upon request)
8 1/2 More Punched Yes No Paper Size: 8.5 x 11 8.5 x 14 11 x 17 other: 80# Glass Text

20# Bond Colors		60# Offset Brite Colors			110# Index & 65# Cover (BR = Brite)				Tab	NCR
White	Canary	BR Pink	Lime	Orchid	White	Canary	Cherry	Blue	White	2 Part
Pink	Blue	BR Orange	Orange	Aqua	Green	Gray	Ivory	Buff	All other	3 Part
Green	Buff	BR Yellow	Purple	Fuchia	Salmon	Lime	Orchid	Aqua	colors are	4 Part
Gold	Gray	BR Blue	Red	Tan	BR Pink	Orange	Stardust	Gold	special	5 Part
Ivory	Salmon	Dark Green	Magenta	Rocket Red	BR Blue	BR Yellow	Purple	Fuchia	order.	
		Galaxy Gold	Stardust (colored specks on white)		Magenta	Rocket Red	BR Orange	Red		
		Lunar Blue			Dark Green		Lunar Blue			

Other Stock: _____
Cover: _____ Inside: _____
INK COLOR: (All copier work is black.) Standard Color Color PMS # _____ / _____ 4 color Process

BINDERY SERVICES: (circle) All instructions must be marked. We will not automatically do anything not marked.

Collate Saddle Stitch Staple (70 sheets max.) Copier Staple Placement

Folding: Half Fold Letter Fold (copy in _____ copy out) Special Fold (explain in special instructions below)

Pad (# per pad _____) Cutting (Trim Size: 3.5 in. x 6 in.) Shrink Wrap (# per package _____)

Special Instructions: _____
DELIVERY INSTRUCTIONS: Send by (circle) Bag Mail Central Stores Call _____ Name and Phone Number _____

Will pick up at (circle) Print Shop Special: _____

FOR OFFICE USE ONLY

Stock 1500 - 80# 12x18 White Glass Text
100 - 12x18 110# White Index

Ink _____	Type / layout _____	Set AB 1/C _____	Date Received _____
Cement _____	Camera _____	Run AB 1/C _____	Date Completed <u>5/29/13</u>
Negatives _____	Strip _____	Wash AB 1/C _____	Operator's Initials <u>6-19-13</u>
Plates _____	Plates _____	Set AB 2/C _____	Delivery _____ Pick Up <input checked="" type="checkbox"/>
# Pkgs. _____	Cut _____	Run AB 2/C _____	Printing _____
O/S chrg _____	Fold _____	Wash AB 2/C _____	Materials _____
Sub Total _____	M Bind _____	Set Sakuri _____	Paper _____
	H Bind _____	Run Sakuri _____	
		Wash Sakuri _____	
		Admin _____	
		Sub Total _____	

Total Job Cost 1720.00



PRINTING REQUEST

Printing Services • 1800 Grand Ave. • 50308
Room 411 • Phone: 242-7670 • Fax: 242-7630

Fax to: 271-5062

(Job No.) C844

Account Number: Check to come

Today's Date 5-31-13 Due Date _____

School/Dept. LUNA Phone 271-5060 Ordered By _____

Description Business Cards Authorized By _____

Number of Copies Needed 250 Number of Originals 4 names Print 1 sided Print 2 sided _____

PAPER: (circle) (All papers are available in 8.5 X 11. Colors in 8.5 X 14 and 11 X 17 are available upon request)

3 Hole Punched Yes No Paper Size: 8.5 x 11 8.5 x 14 11 x 17 other: 100* Gloss Cover

20# Bond Colors					60# Offset Brite Colors					110# Index & 65# Cover (BR = Brite)				Tabs	NCR		
White	Canary	BR Pink	Lime	Orchid	White	Canary	Cherry	Blue	White	2 Part	Green	Gray	Ivory	Buff	All other	3 Part	
Pink	Blue	BR Orange	Orange	Aqua	Salmon	Lime	Orchid	Aqua	colors are	4 Part	Green	Buff	BR Yellow	Purple	Fuchsia	special	5 Part
Green	Buff	BR Yellow	Purple	Fuchia	BR Pink	Orange	Stardust	Gold	order.	_____	Gold	Gray	BR Blue	Red	Tan	_____	_____
Gold	Gray	BR Blue	Red	Tan	BR Blue	BR Yellow	Purple	Fuchia	_____	_____	Ivory	Salmon	Dark Green	Magenta	Rocket Red	_____	_____
_____	_____	_____	_____	_____	Magenta	Rocket Red	BR Orange	Red	_____	_____	Galaxy Gold	Stardust (colored specks on white)	Dark Green	_____	_____	_____	_____
_____	_____	_____	_____	_____	Dark Green	_____	Lunar Blue	_____	_____	_____	Lunar Blue	_____	_____	_____	_____	_____	_____

Other Stock: _____
Cover: _____

Inside: _____

INK COLOR: (All copier work is black.) Standard Color Color PMS # _____ 4 color Process

BINDERY SERVICES: (circle) All instructions must be marked. We will not automatically do anything not marked.

Collate Saddle Stitch Staple (70 sheets max.) Copier Staple Placement

Folding: Half Fold Letter Fold (copy in _____ copy out _____) Special Fold (explain in special instructions below)

Pad (# per pad _____) Cutting (Trim Size: 9.5 in. x 7 in.) Shrink Wrap (# per package _____)

Special Instructions: _____

DELIVERY INSTRUCTIONS: Send by (circle) Bag Mail Central Stores Call _____ Name and Phone Number _____

Will pick up at (circle) Print Shop Special: _____

FOR OFFICE USE ONLY

Stock 128-100* 8.5x11 White Gloss Cover

Ink _____ Type / layout _____

Cement _____ Camera _____

Negatives _____ Strip _____

Plates _____ Plates _____

Pkgs. _____ Cut _____

O/S chrg _____ Fold _____

Sub Total _____ M Bind _____

_____ H Bind _____

Set AB 1/C _____

Run AB 1/C _____

Wash AB 1/C _____

Set AB 2/C _____

Run AB 2/C _____

Wash AB 2/C _____

Set Sakuri _____

Run Sakuri _____

Wash Sakuri _____

Admin. _____

Sub Total _____

COPIER PRICING

Date Received _____

Date Completed _____

Operators's Initials _____

Delivery Pick Up

Printing _____

Materials _____

Paper _____

Total Job Cost 100.00



(515) 265-2324 • FAX (515) 265-2979 • AMES (515) 232-9317

If paying by credit card, please complete this section

<input type="checkbox"/> VISA	<input type="checkbox"/> M/C	CARD NUMBER	AMOUNT
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX	SIGNATURE	EXP. DATE
CARDHOLDER NAME (Please Print)			<input type="checkbox"/> EVERY MONTH <input type="checkbox"/> THIS STMT ONLY
ACCT#		CUSTOMER NAME	
L.U.N.A.			
STATEMENT DATE	DUE DATE	PAY THIS AMOUNT	
05/31/2013	06/25/2013	98.16	
MAKE CHECK PAYABLE TO: CRYSTAL CLEAR WATER CO.			
AMOUNT ENCLOSED			

L.U.N.A.

CRYSTAL CLEAR WATER CO.
3717 DELAWARE AVENUE
DES MOINES, IA 50313

Please Return This Portion With Payment

STATEMENT
THANK YOU!

DATE	INVOICE	DESCRIPTION	CHARGE	PAYMENT	BALANCE	
			Balance Forward		90.71	
05/14/2013		Check Payment 3513 Thank You		-62.13	28.58	
Stop# 1	L.U.N.A.					
05/09/2013	328878	CC 5 GAL QTY 4@ 5.80	23.20		51.78	
05/09/2013	328878	MV SUMATRA 18C QTY 2@ 8.95	17.90		69.68	
05/09/2013	328878	COOLER RENTAL QTY 1@ 8.00 [Tx] SERIAL # 9811 068025	8.00		77.68	
05/09/2013	328878	Tax	0.48		78.16	
05/10/2013	330158	CC .5L 24 PK QTY 5@ 4.00	20.00		98.16	
			PREV. BALANCE	CHARGES (+)	PAYMENTS (-)	AMOUNT DUE
CURRENT	PAST DUE AMOUNTS					
	31-60	61-90	91-120	120+		
69.58	28.58	0.00	0.00	0.00	90.71	69.58
						-62.13
						98.16

Thank you!
2 % month, 24% per year. Interest charged on accounts past due.

NEW!! Access and pay your account on-line, visit ccbv.com and create an account to get started!

STATEMENT DATE	ACCT#	CUSTOMER NAME
05/31/2013	011209	L.U.N.A.

Ask your driver about our premium coffee services today!

Supplies
1:537.25 +
69.58 +
1:606.81 *

• • 0 • • CA

10:42 AM
07/08/13
Accrual Basis

L.U.N.A.
Profit & Loss Detail State SA
June 2013

Type	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Ordinary Income/Expense									
Income									
Grants					State SA		Accounts Rec...	4,776.64	4,776.64
Invoice	6/30/2013	814	Crime Victim Assis...	Grant Vouch...				4,776.64	4,776.64
Total Grants								4,776.64	4,776.64
Total Income									
Expense									
Payroll Expenses									
Salary									
Check	6/15/2013	payroll		20% SA	State SA		First Bank-Ch...	417.73	417.73
Check	6/15/2013	payroll		10% SA	State SA		First Bank-Ch...	116.67	534.40
Check	6/30/2013	payroll		20% SA	State SA		First Bank-Ch...	417.73	952.13
Check	6/30/2013	payroll		10% SA	State SA		First Bank-Ch...	116.67	1,068.80
Total Salary								1,068.80	1,068.80
Total Payroll Expenses									
Benefits									
Unemployment Insurance									
Check	6/15/2013	electr...	Iowa Workforce D...		State SA		First Bank-Ch...	29.93	29.93
Check	6/30/2013	electr...	Iowa Workforce D...		State SA		First Bank-Ch...	29.93	59.86
Total Unemployment Insurance								59.86	59.86
Employer Share FICA									
Check	6/15/2013	Electr...	Internal Revenue ...		State SA		First Bank-Ch...	40.88	40.88
Check	6/30/2013	Electr...	Internal Revenue ...		State SA		First Bank-Ch...	40.88	81.76
Total Employer Share FICA								81.76	81.76
Total Benefits									
Travel & Training									
Hotel									
Bill	6/28/2013		Hotel and ba...		State SA		Accounts Pay...	273.46	273.46
Total Hotel								273.46	273.46
Airline Tickets									
Bill	6/24/2013		Airfare Pho...		State SA		Accounts Pay...	297.60	297.60
Total Airline Tickets								297.60	297.60
Mileage and Parking									
Bill	6/28/2013		mileage june		State SA		Accounts Pay...	19.34	19.34
Total Mileage and Parking								19.34	19.34
Misc Travel Costs									
Bill	6/28/2013		Hotel and ba...		State SA		Accounts Pay...	50.00	50.00
Total Misc Travel Costs								50.00	50.00
Total Travel & Training									
Contracted Services									
Computer Consulting									
Bill	6/21/2013		Computer Pro	labor and mil...	State SA		Accounts Pay...	402.40	402.40
Total Computer Consulting								402.40	402.40
Total Contracted Services									
Rent									
Bill	6/1/2013		Cadle's Wakonda, ...	JulyRent	State SA		Accounts Pay...	997.53	997.53
Total Office Space								997.53	997.53
Total Rent									
Communications									
Cell Phone									
Bill	6/28/2013		Sprint	June Sprint ...	State SA		Accounts Pay...	117.96	117.96
Total Cell Phone								117.96	117.96
Total Communications									
Supplies									
Printing and Reproduction									
Bill	6/21/2013		Des Moines Public... Schools	Business car... \$100	State SA		Accounts Pay...	282.77	282.77
Total Printing and Reproduction								282.77	282.77
Misc Office Supplies									

Majority is \$1720
Brochures
Rm

cont.

10:42 AM
 07/08/13
 Accrual Basis

L.U.N.A.
 Profit & Loss Detail State SA
 June 2013

Type	Date	Num	Name	Memo	Class	Clr	Split	Amount	Balance
Bill	6/7/2013		Safeguard Busines...	checks and ...	State SA		Accounts Pay...	189.83 ²	189.83
Bill	6/12/2013		Quill	Supplies	State SA		Accounts Pay...	926.13 ²	1,115.96
Total Misc Office Supplies								1,115.96	1,115.96
Bill	Postage and Delivery 6/21/2013			June postage	State SA		Accounts Pay...	9.20	9.20
Total Postage and Delivery								9.20	9.20
Total Supplies								1,407.93	1,407.93
Total Expense								4,776.64	4,776.64
Net Ordinary Income								0.00	0.00
Net Income								0.00	0.00

Kabel Business Services Check Register

EMPLOYEE NAME V DEPT NUM. CLOCK C. SEC. FREQ M/S EX	EARNINGS		TAXES		DEDUCTIONS		Y T D		CHECK #
	CURRENT HOURS	CURRENT AMOUNT	CURRENT AMOUNT	CURRENT AMOUNT	Y T D AMOUNT	Y T D AMOUNT	Y T D AMOUNT	NET PAY	
0020 SEM S0 S0	SALARY	1166.67	FICA	72.33	SIMIRAS	25.00	250.00	1299	
	VACATION		MEDFICA	16.91	VAC IN M		8.75		
	SICK		FED WTH	138.91	VAC BAL M		2.00		
TOTALS	1166.67		IA	43.00	SICK IN M		5.00		
0017 SEM S0 S0	SALARY	956.15	FICA	59.28	SICKBAL M	25.00	250.00	870.52	
	VACATION		MEDFICA	13.87	POLK25%		184.73		
	SICK		FED WTH	111.08	GARNFEE		2.00		
TOTALS	956.15		IA	33.00	VAC IN M		4.20		
0018 SEM S1 S1	SALARY	2088.64	FICA	129.49	VAC IN M		8.75	1301V	
	VACATION		MEDFICA	30.29	VAC BAL M		4.00		
	SICK		FED WTH	288.98	SICK IN M		5.00		
TOTALS	2088.64		IA	96.00	SICKBAL M	0.50	5.50	1543.88	
0023 SEM S2 S2	SALARY	1237.72	FICA	76.74	VAC IN M		8.75	1302V	
	VACATION		MEDFICA	17.95	VAC BAL M		2.00		
	SICK		FED WTH	104.56	SICK IN M		5.00		
TOTALS	1237.72		IA	42.00	SICKBAL M		2.00	996.47	
DIVISION # LATINAS UNIDAS POR UN NUESTRO	SALARY	5449.18	FICA	337.84	SIMIRAS	25.00		4	
	VACATION		MEDFICA	79.02	SICKBAL M	0.50			
	SICK		FED WTH	643.53					
TOTALS	5449.18		STATE	214.00		25.00		4149.79	
DIVISION # 99 LATINAS UNIDAS POR UN NUESTRO	SALARY	5449.18	FICA	337.84				VOUCHER	
	VACATION		MEDFICA	79.02				57.60	
	SICK		FED WTH	643.53					
TOTALS	5449.18		STATE	214.00				57.60	
COMPANY TOTALS LATINAS UNIDAS POR UN NUESTRO	SALARY	5449.18	FICA	337.84	SIMIRAS	25.00		5	
	VACATION		MEDFICA	79.02	SICKBAL M	0.50			
	SICK		FED WTH	643.53					
TOTALS	5449.18		STATE	214.00		25.00		4207.39	

KABEL ACH Direct Deposit Report

Send Direct Deposit Data to 0739-0080-7 FIRST AMERICAN BANK
Output Medium - Diskette

DIV#	DEPT#	EMP#	EMPLOYEE NAME	BANK ABA/TR#	BANK NAME	ACCOUNT #	TRANS	DEPOSIT AMOUNT	WITHDRAWAL AMOUNT
		0025		2730-7440-7	COMMUNITY CHOICE CREDIT UNION		22 C	870.52	
		0017		0730-0022-8	WELLS FARGO		22 C	738.92	
		0018		0730-0079-4	IA STATE BK, DES MOINES, I		22 C	1543.88	
		0023		0730-0022-8	WELLS FARGO		22 C	996.47	
99		\$TAX	KABEL BUSINESS SERVICES	0739-0080-7	FIRST AMERICAN BANK		22 C	1996.39	
99		\$TINV	KABEL BUSINESS SERVICES	0730-0064-2	BANKERS TR CO		22 C	57.60	
		LUNA	LATINAS UNIDAS POR UN NUEVO	0739-0336-7	FIRST BANK		27 C		6203.78
EFFECTIVE DATE - JUN 14, 2013									
CHECKING DEPOSITS								6203.78	
SAVINGS DEPOSITS									6203.78
CHECKING WITHDRAWAL									6203.78
SAVINGS WITHDRAWAL									
TOTALS								6203.78	6203.78

GRAND TOTALS	CHECKING DEPOSITS	SAVINGS DEPOSITS	CHECKING WITHDRAWAL	SAVINGS WITHDRAWAL	TOTALS
-	-	6	-	1	-
	6203.78			6203.78	
				6203.78	
					6203.78
					6203.78

Kabel Business Services Check Register

EMPLOYEE NAME IDV DEPT. NO. M. CLOCK SOC. SEC. FREQ. M/S EX	EARNINGS		TAXES		DEDUCTIONS		CHECK #
	CURRENT AMOUNT	HOURS	CURRENT AMOUNT	FICA MEDFICA FED WTH IA	CURRENT AMOUNT	YTD AMOUNT	
0025 SEM S0 S0	SALARY	1166.67		FICA	72.33	899.00	1304V
	BONUS			MEDFICA	16.92	210.25	
	VACTION			FED WTH	135.91	1670.67	
	SICK			IA	43.00	518.00	
TOTALS	1166.67	7.00	271.16		3297.92	275.00	870.51
0025 SEM S0 S0	SALARY	500.00		FICA	31.00	899.00	1305V
	BONUS			MEDFICA	7.25	210.25	
	VACTION			FED WTH		10.50	
	SICK			IA		3.00	
TOTALS	500.00	7.00	38.25		3297.92	275.00	461.75
0017 SEM S0 S0	SALARY	956.15		FICA	59.29	742.38	1306V
	BONUS			MEDFICA	13.86	173.62	
	VACTION			FED WTH	111.08	1332.96	
	SICK			IA	33.00	395.00	
TOTALS	956.15	4.50	217.23		2644.96	186.73	738.92
0017 SEM S0 S0	SALARY	500.00		FICA	31.00	742.38	1307V
	BONUS			MEDFICA	7.25	173.62	
	VACTION			FED WTH		10.50	
	SICK			IA		3.00	
TOTALS	500.00	4.50	38.25		2644.96	186.73	461.75
0018 SEM S1 S1	SALARY	2088.64		FICA	129.50	1584.95	1308V
	BONUS			MEDFICA	30.28	370.67	
	VACTION			FED WTH	288.98	3467.76	
	SICK			IA	96.00	1152.00	
TOTALS	2088.64	10.00	544.76		6575.38	10.50	1543.88
0018 SEM S1 S1	SALARY	500.00		FICA	31.00	1584.95	1309V
	BONUS			MEDFICA	7.25	370.67	
	VACTION			FED WTH		10.50	
	SICK			IA		3.00	
TOTALS	500.00	10.00	38.25		6575.38	10.50	461.75
0023 SEM S2 S2	SALARY	1237.72		FICA	76.73	951.86	1310V
	BONUS			MEDFICA	17.94	222.61	
	VACTION			FED WTH	104.56	1254.72	
	SICK			IA	42.00	504.00	
TOTALS	1237.72	4.00	241.23		2933.19	10.50	996.49

Kabel Business Services Check Register

Process Date - JUN 24, 2013

EMPLOYEE NAME DEPT. NUM. CLOCK SEC. FREQ. M/S. EX	EARNINGS		TAXES		DEDUCTIONS		CURRENT		Y T D		Y T D		CHECK # NET. PAY
	CURRENT HOURS	RATE	CURRENT AMOUNT	AMOUNT	Y T D HOURS	AMOUNT	Y T D AMOUNT	Y T D AMOUNT	Y T D AMOUNT	Y T D AMOUNT	Y T D AMOUNT	Y T D AMOUNT	
0023 SEM S2 S2			500.00	14852.64	FICA MEDFICA FED WTH IA	31.00 7.25 38.25	951.86 222.61 1254.72 504.00 2933.19	VAC IN M VAC BAL M SICK IN M SICKBAL M	10.50 2.00 6.00 2.00			1311V 461.75	
DIVISION # LATINAS UNIDAS POR UN NUBO			5449.18 2000.00		FICA MEDFICA FED WTH STATE	461.85 108.00 643.53 214.00		SIMIRAS VAC IN M VAC BAL M SICK IN M SICKBAL M	25.00 6.09 1.00 4.00 0.50 25.00			8 5996.80	
KABEL BUSINESS SERVICES (INVOICE PAYMENT)			7449.18			1427.38						VOUCHER 57.60	
DIVISION # 99 LATINAS UNIDAS POR UN NUBO												1 57.60	
COMPANY TOTALS LATINAS UNIDAS POR UN NUBO			5449.18 2000.00		FICA MEDFICA FED WTH STATE	461.85 108.00 643.53 214.00		SIMIRAS VAC IN M VAC BAL M SICK IN M SICKBAL M	25.00 6.09 1.00 4.00 0.50 25.00			9 6054.40	
TOTALS			17,773.18	15,352.64		1,427.38	29,933.19						
TOTALS			116,673.18			1,427.38	29,933.19						
TOTALS			116,673.18			1,427.38	29,933.19						
TOTALS			1,069.8										

[Handwritten signature]

[Handwritten signature]

Victim Services Support Program (VSS)
Iowa Attorney General's Crime Victim Assistance Division (CVAD)
Out of State Travel Request for Conference/Training/Meeting

Program: L.U.N.A.
 City: Des Moines
 Email contact: adriana@lunaiowa.org
 Date requested: 5/30/2012
 Conference/meeting city & state: Providence, Rhode Island
 Link to conference information: See e-mail for link
 Estimated travel dates: June 25-27

Complete the blank sections below that apply to the funds you are requesting. Shaded areas are set to automatically

A	Lodging:	Daily Rate	Number of Nights	Number of Attendees	Total
		\$120.00	3	1	\$360.00
B	Airfare/checked baggage:	Ticket Price per Attendee	Checked Baggage per Attendee	Number of Attendees	Total Airfare
			\$50.00	1	\$50.00
C	Taxi, shuttle, etc:	Total Taxi Costs	Total Shuttle Costs	Other Public Transportation	Total (Miles x Rate)
D	Mileage (use the agency per diem or mileage rate, whichever applies):	Total Miles	Mileage Rate	Total Per Diem Costs	Total (Miles x Rate)
					\$0.00
E	Meals (use the agency per diem or actual expenses, whichever applies):	Total Meal Costs (per Attendee)	Total Attendees	Total Per Diem Costs	Meals Total
F	Other eligible expenses (registration fees, etc.):	Registration	2 people		Other Costs Total:

Total funds requested: \$410.00

Please designate the fund(s) along with the amount that you are requesting from each.

State DA:	State SA:	FV:
\$0.00	\$410.00	
SS:	VW:	VA:

Do not fill out the section below as it is for VSS Staff to complete.

VSS Staff Signature	Date	Approved	Denied
<u>[Signature]</u>	<u>6/3/13</u>	<u>X</u>	
If denied, reason for denial			
<u>[Blank]</u>			

OMNI HOTELS & RESORTS

providence | rhode island

Des Moines IA 50320
United States

INFORMATION INVOICE

Membership No. : SG
A/R Number :
Group Code : 0
Company Name :

Room No. : 1201
Arrival : 06-25-13
Departure : 06-27-13
Page No. : 1 of 1
Folio No. :
Conf. No. : 51695
Cashier No. :

06-27-13

Date	Description	Charges	Payments
06-25-13	Room Charge	121.00	
06-25-13	7% Room State Sales Tax	8.47	
06-25-13	6% Room Occupancy Tax	7.26	
06-26-13	Room Charge	121.00	
06-26-13	7% Room State Sales Tax	8.47	
06-26-13	6% Room Occupancy Tax	7.26	
06-27-13	Discover Card		273.46
Total		273.46	273.46
Balance			0.00

Thank you for staying at the Omni Providence Hotel.

One West Exchange Street
Providence, Rhode Island 02903
Phone: (401) 598-8000 Fax: (401) 598-8200

From:
Sent: Tuesday, June 11, 2013 11:39 AM
To:
Subject: FW: Expedia travel confirmation - September 08, 2013 -

Here is my flight information. I just noticed that it was somewhat less than what I had mentioned before. I apologize for any inconvenience.

From: Expedia.com [mailto:Expedia@expediamail.com]
Sent: Tuesday, June 11, 2013 11:34 AM
To:
Subject: Expedia travel confirmation - September 08, 2013 - (Itin#



Thank you for booking with Expedia! Your booking is confirmed.

You can manage your reservation or review your itinerary online for the most up-to-date information.

Phoenix

Sun Sep/8/2013 - Wed Sep/11/2013 | Itinerary # [REDACTED]

Important Information

- Remember to bring your itinerary and government-issued photo ID for airport check-in and security.

Des Moines (DSM) → Phoenix (PHX)

BOOKED

Sun Sep/8/2013 - Wed Sep/11/2013, 1 round trip ticket

Your reservation is booked and ticketing is in progress. No need to call us to reconfirm this reservation.

Traveler Information

No frequent flyer details provided | Ticketing in progress

* Seat assignments, special meals, frequent flyer point awards and special assistance requests should be confirmed directly with the airline.

9/8/13 - Departure 1 stop

Des Moines
DSM 5:25pm
American Airlines 1102
Economy/Coach (O) | Confirm seats with the airline *

Dallas
DFW 7:25pm
2 h 0 m

Price Summary

Traveler 1: Adult	\$297.60
Flight	\$236.28
Taxes & Fees	\$61.32
Expedia Booking Fee	\$0.00

Total: \$297.60

All prices quoted in US dollars.

Additional Flight Services

Layover: 1 h 50 m



Dallas
DFW 9:15pm
American Airlines 1627
Economy/Coach (O) | Confirm seats with the airline *

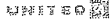
Phoenix
PHX 9:45pm

2 h 30 m

- The airline may charge additional fees for checked baggage or other optional services.

9/11/13 - Return 1 stop

Total travel time: 5 h 30 m

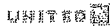


Phoenix
PHX 2:38pm
UNITED 1478
Economy/Coach (G) | Confirm seats with the airline *

Chicago
ORD 8:02pm

3 h 24 m

Layover: 0 h 53 m



Chicago
ORD 8:55pm
UNITED 3543 Operated by /SHUTTLE AMERICA DBA UNITED EXPRESS
Economy/Coach (G) | Confirm seats with the airline *

Des Moines
DSM 10:08pm

1 h 13 m

Airline Rules & Regulations

- Fares are not guaranteed until ticketed.
- We understand that sometimes plans change. We do not charge a cancel or change fee. When the airline charges such fees in accordance with its own policies, the cost will be passed on to you.
- Tickets are nonrefundable, nontransferable and name changes are not allowed.
- Please read the complete penalty rules for changes and cancellations applicable to this fare.
- Please read important information regarding airline liability limitations.

Need help with your reservation?

- Call us at 1-800-EXPEDIA (1-800-397-3342) or 1-404-728-8787
- For faster service, mention itinerary #

[Customer Support / FAQ](#)

Complete Your Trip

Get rested
Add a Hotel

Get around
Add a Car

Get out and explore
Add an activity

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PASSENGER RECEIPT 10F 1
25JUN13
ET/DB339E /DES MOINES

EXCESS BAGGAGE
TICKET

THIS IS YOUR RECEIPT

NOT VALID FOR
TRANSPORTATION

PSGR TICKET 01671898201400

DSH EV EHR EV PVD

N4HTZ3

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

1 FIRST CHECKED BAG 25.00

USD 25.00

VXXXXXXXXXXXX6075XXXX/877282

1 016 2601709395 6

USD 25.00

NOT VALID FOR TRAVEL

DELTA

PASSENGER RECEIPT 01
27JUN13 0066 US
DL/KI PVD FTO

EXCESS BAGGAGE
TICKET

THIS IS YOUR RECEIPT

NOT VALID FOR
TRANSPORTATION

PSGR TICKET 0067189820141

PVD DL MSP DL DSM
PIECE 25.00
FBA 25.00

GCTKEM /DL

FOR CONDITIONS OF
CONTRACT - SEE
PASSENGER TICKET AND
BAGGAGE CHECK

USD 25.00

NOT VALID FOR TRAVEL

VXXXXXXXXXXXX6075/937881

USD25.00

1 006 8218989825 3

1 006 8218989825 3

Handwritten signature

Computer Pro

Computer Pro
 107 1st Ave W
 Newton, IA 50208
 U.S.A
 Phone: 641-792-2444

INVOICE

Bill To :
LUNA

Invoice#	INV-232
Date	17 Jun 2013
Terms	Net.30
Due Date	17 Jul 2013
P.O.#	

Item	Description	Qty	Rate	Amount
Lenovo ThinkPad Edge E535 3260EDU 15.6" LED Notebook	Lenovo ThinkPad Edge E535 3260EDU 15.6" LED Notebook - AMD A-Series A4-4300M 2.5GHz (Dual-Core) - 1366 x 768 HD Display - 4 GB RAM - 320 GB HDD - DVD-Writer - AMD Graphics - Webcam - Genuine Windows 7 Professional - 6 Hour Battery - HDMI	1.00	749.99	749.99
Labor (Business Out Shop)	Work done on 6/17/2013	2.00	75.00	150.00
Mileage	Mileage reimbursment	80.00	0.39	31.20
Crucial 8GB DDR3 SDRAM ECC - Registered	Crucial 8GB DDR3 SDRAM Memory Module 8 GB - DDR3 SDRAM - 1600 MHz DDR3-1600/PC3-12800 - ECC - Registered - 240-pin - DIMM	4.00	139.99	559.96
Labor (Business Out Shop)	Work done on 6/18/2013	2.00	75.00	150.00
Mileage	Mileage reimbursment	80.00	0.39	31.20

Thanks for your business.

Sub Total:	1,672.35
Sales Tax (7%):	91.70
Total:	\$ 1,764.05
Payment made:	(-) 0.00
Balance Due:	\$ 1,764.05

402.40 SA
 1307.39 DA
 1709.79

Computer Pro

Computer Pro
107 1st Ave W
Newton, IA 50208
U.S.A
Phone: 641-792-2444

INVOICE

Bill To :
LUNA

Invoice#	INV-235
Date	20 Jun 2013
Terms	Net 30
Due Date	20 Jul 2013
P.O.#	

Item	Description	Qty	Rate	Amount
Labor (In Shop)	Cracked laptop password and reset	1.00	40.00	40.00

Thanks for your business.

Sub Total:	40.00
Total:	\$ 40.00
Payment made:	(-) 0.00
Balance Due:	\$ 40.00

Computer Pro

Computer Pro
 107 1st Ave W
 Newton, IA 50208
 U.S.A
 Phone: 641-792-2444

INVOICE

Bill To:
LUNA

Invoice#	INV-94
Invoice Date	16 Jul 2012
Terms	Net 30
Due Date	15 Aug 2012
P.O.#	

Item	Description	Qty	Rate	Amount
Labor (Business Out Shop)	Server updates, fix Outlook Certificate issue, enable exchange services on Adriana's Mac laptop and iPhone	3.00	75.00	225.00
Mileage	Mileage reimbursment	80.00	0.39	31.20

Thanks for your business.

Sub Total:	256.20
Total:	\$ 256.20
Payment made:	(-) 0.00
Balance Due:	\$ 256.20

Luna

WAKONDA ON FLEUR OFFICE LEASE

ARTICLE 1. PARTIES. THIS LEASE, MADE IN TRIPLICATE THIS DAY OF 24 September 2009, between Cadle's Wakonda, LLC, an Ohio Limited Liability Company, by: The Cadle Company, its Sole Manager, the Lessor, and LATINAS UNIDAS POR UN NUEVO AMANECER (L.U.N.A.), an Iowa Corporation, d/b/a LUNA, the Tenant; so designated whether singular or plural:

WITNESSETH:

ARTICLE 2. LEASED PREMISES. The Lessor hereby leases unto the Tenant, and the Tenant hereby accepts from the Lessor, the premises (hereinafter designated "Leased Premises"), of approximately, 1,487 square feet outlined in red on the site plan attached hereto, made in Des Moines, Iowa a part hereof, as Exhibit A, located at _____ r (hereinafter designated "Building").

ARTICLE 3. TERM. To have and hold for a term beginning at the earlier of (a) the commencement date of October 1, 2009, and continuing until the termination date of September 30, 2013; or (b) the opening by Tenant of its business in the premises, and continuing until said termination date, unless sooner terminated as herein provided. In the event that said Leased Premises are not ready for occupancy on the commencement date thereof, this Lease shall not be void or voidable nor shall the Lessor be liable to tenant for any loss or damage resulting there from, but in such event, there shall be a prorate abatement of Rent for the period between the aforesaid commencement date of the term and the date when said Leased Premises are ready for occupancy.

ARTICLE 4. RENT. This Lease is granted and accepted upon the foregoing and upon the following covenants and conditions and subject to the following restrictions, to all and every one of which the parties consent; and each of the parties hereby expressly covenants and agrees to keep, perform, and observe all the terms, covenants, and conditions on its part to be kept, performed, and observed.

The Tenant shall pay the Lessor during the Lease Term, in lawful money or legal tender of the United States of America, base Rent in the amount of:

Tenant shall receive One (1) month free rent (\$904.59), October 1, 2009.

ANNUAL MINIMUM RENT	MONTHLY TOTAL
YEAR 1 \$7.30/sq. ft.	\$904.59
YEAR 2 \$7.55/sq. ft.	\$935.57
YEAR 3 \$7.80/sq. ft.	\$966.55
YEAR 4 \$8.05/sq. ft.	\$997.53

Tenant agrees to pay first month (November 2009) and last months rent (September 2013) upon execution of this Lease.

Such rent shall be paid in equal monthly installments commencing on the first day of the term and continuing thereafter in advance on the first day of each month during the entire lease term; provided, however, if the lease term shall commence on a date other than the first day of a month or shall expire on a date other than the last day of a month, or both, the rent payable during such first or last month, or both, shall be adjusted on a pro rate basis. All Rent shall be paid to the Lessor at Cadle's Wakonda, LLC, c/o Home Federal Savings Bank, P.O. Box 6308, Rochester, MN 55903, or to such other party or parties and at such place or places as the Lessor may hereafter from time to time designate in writing.

The word "Rent" when used in this Lease shall mean the "Base Rent" together with any additional rent, unless indicated otherwise.

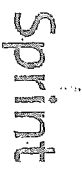
ARTICLE 5. USE. The tenant shall use and occupy the Leased Premises for the purpose of Not-for-Profit Office and for no other purpose whatsoever. No part of the Leased Premises shall be used for lodging, cooking, or any purpose which is illegal, immoral, offensive, termed extra hazardous by insurance company, or which may make void or voidable any fire insurance or other insurance on the Building or which may increase the premium therefore, or which will interfere with the general safety, comfort, and convenience of the owners, occupants, and tenants of the Building.

ARTICLE 6. LAWS AND REGULATIONS. The Tenant shall comply with all laws, rules, orders, regulations, and ordinances of the Federal, State and Local Governments and with the directions of any public officer authorized by law with respect to the Leased Premises and the use or occupancy thereof.

ARTICLE 7. IMPROVEMENTS. If necessary, an Exhibit B shall be attached hereto showing the initial installation of the improvements to said Leased Premises. Said Exhibit B shall also differentiate between those initial improvements that are to be furnished and installed at the expenses of the Lessor and those initial improvements that are to be furnished and installed at the expenses of the Tenant.

Performance of Tenant's Work. Tenant may enter upon the demised Premises for the purpose of accomplishing Tenant's Work pursuant to Exhibit B herein upon notice pursuant to Article 31 herein; provided, however, that such Work on the part of Tenant shall be done only in such manner as not to interfere with construction of the Premises and that Landlord shall not be liable, unless due to Landlord's negligence, for damage or loss of Tenant's Work or injury to Tenant or its agents. Tenant shall provide a list of all contractors and subcontractors providing labor or material to Tenant's premises. Within 30 days of taking possession, Tenant shall provide notarized final lien waivers from all parties identified in the list provided.

YOUR SPRINT INVOICE



> ACCOUNT INFORMATION

Account Name
LUNA

Account Number

Invoice Number
182757815-067

Upgrade Program

Invoice Date
June 24, 2013

Total Amount Due
\$97.98

> MONTHLY INVOICE SUMMARY

May 21 - June 20, 2013	
Previous Balance	114.54
Adjustments to previous balance	-9.99
Payments as of 06/21/13 - Thank you	-124.53
Outstanding Balance	-\$19.98
Access and Related Items	102.98
Sprint Surcharges	8.51
Government Fees and Taxes	6.47
*Total Current Charges for 182757815 Due 07/14/13	\$117.96
Total Amount Due	\$97.98

> CUSTOMER CARE

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www.sprint.com

Call Sprint
1-800-927-2199

> SPRINT NEWS AND NOTICES

This section contains important updates about your Sprint Services, including Service or Rate Changes, Promotions and Offers.

Correspondence
Please send all correspondence including billing inquiries to:
Sprint Customer Service
PO Box 8077
London, KY 40742

Do not enclose your payment with the correspondence.
You may also contact Sprint Customer Care at the number listed on your invoice or by going to sprint.com.

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Sign up for Recurring Direct Debit!

To Pay Your Bill By Phone Call
1-800-784-2608 or
*3 from your Sprint phone

To Pay Your Bill By Mail
See reverse side for details. >



PO BOX 8077
London, KY 40742

#BWNKCTX
#0000 0182757815 B 6#

MANIFESTLINE-----

LUNA



*Any unpaid balance after the due date may be subject to a late payment charge per your contract.



PRINTING REQUEST

(Job No.) 0843

Printing Services • 1800 Grand Ave. • 50309
Room 411 • Phone: 242-7870 • Fax: 242-7630

Account Number: Check to Come

Today's Date: 5-29-13 Due Date: _____

School/Dept. LUNA Phone 171-5060 Ordered By F
Description Program Brochures Mini brochures Authorized By _____
Number of Copies Needed 1500 8 1/2 x 11 Sp of Originals 4 Print 1 sided _____ Print 2 sided X
1000 mini 2 X

PAPER: (circle) (All papers are available in 8.5 X 11. Colors in 8.5 X 14 and 11 X 17 are available upon request)

5 Hole Punched Yes No Paper Size: 8.5 x 11 8.5 x 14 11 x 17 other: 80# Glass Text

20# Bond Colors					60# Offset Brite Colors					110# Index & 65# Cover (BR = Brite)				Tabs	NCR	
White	Canary	BR Pink	Lime	Orchid	White	Canary	Cherry	Blue	White	2 Part	White	Canary	Cherry	Blue	White	2 Part
Pink	Blue	BR Orange	Orange	Aqua	Green	Gray	Ivory	Buff	All other	3 Part	Green	Gray	Ivory	Buff	All other	3 Part
Green	Buff	BR Yellow	Purple	Fuchsia	Salmon	Lime	Orchid	Aqua	colors are	4 Part	Salmon	Lime	Orchid	Aqua	colors are	4 Part
Gold	Gray	BR Blue	Red	Tan	BR Pink	Orange	Stardust	Gold	special	5 Part	BR Pink	Orange	Stardust	Gold	special	5 Part
Ivory	Salmon	Dark Green	Magenta	Rocket Red	BR Blue	BR Yellow	Purple	Fuchsia	order.	_____	BR Blue	BR Yellow	Purple	Fuchsia	order.	_____
		Galaxy Gold	Stardust (colored specks on white)		Magenta	Rocket Red	BR Orange	Red			Magenta	Rocket Red	BR Orange	Red		
		Lunar Blue			Dark Green		Lunar Blue				Dark Green		Lunar Blue			

Other Stock: _____
Cover: _____ Inside: _____
INK COLOR: (All copier work is black.) Standard Color Color PMS # _____ 4 color Process

BINDERY SERVICES: (circle) All instructions must be marked. We will not automatically do anything not marked.

Collate Saddle Stitch Staple (70 sheets max.) Copier Staple Placement
Folding: Half Fold Letter Fold (copy in _____ copy out) Special Fold (explain in special instructions below)
Pad (# per pad _____) Cutting (Trim Size: 3.5 in. x 6 in.) Shrink Wrap (# per package _____)

Special Instructions: _____
DELIVERY INSTRUCTIONS: Send by (circle) Bag Mail Central Stores Call _____ Name and Phone Number _____

Will pick up at (circle) Print Shop Special: _____

FOR OFFICE USE ONLY

Stock <u>1500 - 80# 12x18 White Glass Text</u>	Set AB 1/C _____	COPIER PRICING Date Received _____ Date Completed <u>7/5/13</u> Operators's Initials <u>6-19-13</u> Delivery _____ Pick Up <input checked="" type="checkbox"/> Printing _____ Materials _____ Paper _____ Total Job Cost <u>\$ 1720.00</u>
<u>100 - 12x18 110# White Index</u>	Run AB 1/C _____	
	Wash AB 1/C _____	
	Set AB 2/C _____	
	Run AB 2/C _____	
	Wash AB 2/C _____	
	Set Sakuri _____	
	Run Sakuri _____	
	Wash Sakuri _____	
	Admin _____	
	Sub Total _____	

Ink _____ Type / layout _____
 Cement _____ Camera _____
 Negatives _____ Strip _____
 Plates _____ Plates _____
 # Pkgs. _____ Cut _____
 O/S chrg _____ Fold _____
 Sub Total _____ M Bind _____
 _____ H Bind _____



PRINTING REQUEST

Printing Services • 1800 Grand Ave. • 50309
Room 411 • Phone: 242-7870 • Fax: 242-7630

Fax to: 271-5062

(Job No.) C844

Account Number: Check to come

Today's Date 5-31-13 Due Date _____

School/Dept. LUNA Phone 271-5060 Ordered By _____
Description Business Cards Authorized By _____
Number of Copies Needed 2500 Number of Originals 4 names Print 1 sided Print 2 sided _____

PAPER: (circle) (All papers are available in 8.5 X 11. Colors in 8.5 X 14 and 11 X 17 are available upon request)
3 Hole Punched Yes No Paper Size: 8.5 x 11 8.5 x 14 11 x 17 other: 100th Glass Cover

20# Bond Colors				60# Offset Brite Colors				110# Index & 65# Cover (BR = Brite)				Tab	NCR
White	Canary	BR Pink	Lime	Orchid	White	Canary	Cherry	Blue	White	2 Part			
Pink	Blue	BR Orange	Orange	Aqua	Green	Gray	Ivory	Buff	All other	3 Part			
Green	Buff	BR Yellow	Purple	Fuchia	Salmon	Lime	Orchid	Aqua	colors are	4 Part			
Gold	Gray	BR Blue	Red	Tan	BR Pink	Orange	Stardust	Gold	special	5 Part			
Ivory	Salmon	Dark Green	Magenta	Rocket Red	BR Blue	BR Yellow	Purple	Fuchia	order.				
		Galaxy Gold	Stardust (colored specks on white)		Magenta	Rocket Red	BR Orange	Red					
		Lunar Blue			Dark Green		Lunar Blue						

Other Stock: _____ Inside: _____
Cover: _____ Ink Color: (All copier work is black.) Standard Color Color PMS # _____ 4 color Process

BINDERY SERVICES: (circle) All instructions must be marked. We will not automatically do anything not marked.
Collate Saddle Stitch Staple (70 sheets max.) Copier Staple Placement
Folding: Half Fold Letter Fold (copy in _____ copy out _____) Special Fold (explain in special instructions below)
Pad (# per pad _____) Cutting (Trim Size: 3.5 in. x 2 in.) Shrink Wrap (# per package _____)

Special Instructions: _____
DELIVERY INSTRUCTIONS: Send by (circle) Bag Mail Central Stores Call _____ Name and Phone Number _____

Will pick up at (circle) Print Shop Special: _____

Stock 128-100* 8.5x11 White Glass Cover

FOR OFFICE USE ONLY		COPIER PRICING	
Ink _____	Type / layout _____	Set AB 1/C _____	Date Received _____
Cement _____	Camera _____	Run AB 1/C _____	Date Completed _____
Negatives _____	Strip _____	Wash AB 1/C _____	Operator's Initials _____
Plates _____	Plates _____	Set AB 2/C _____	Delivery _____ Pick Up <u>L</u>
# Pkgs. _____	Cut _____	Run AB 2/C _____	Printing _____
O/S chrg _____	Fold _____	Wash AB 2/C _____	Materials _____
Sub Total _____	M Bind _____	Set Sakuri _____	Paper _____
	H Bind _____	Run Sakuri _____	
		Wash Sakuri _____	
		Admin _____	
		Sub Total _____	Total Job Cost <u>100.00</u>



For Inquires Call: (515) 223-9343

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L.U.N.A



INVOICE

INVOICE NUMBER	028897686	
INVOICE DATE	CONSULTANT NUMBER	ORDER NUMBER
5/30/2013	0241-87	J0KNTS
CUSTOMER NUMBER	CUSTOMER NO.	TAX CODE
Q7J2MY		

INVOICE TERMS: Payable Upon Receipt
LATE CHARGE: 1 1/2% per Month or Maximum Allowable-Rate Minimum of \$.50 Per Month
FED. TAX ID: 23-1689322

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L.U.N.A.

IA 50321

QUANTITY	PRODUCT NAME	DESCRIPTION	AMOUNT	DISCOUNT	%	AMOUNT DUE
500	SGCE2373 EN4D2373SBWHXN	ENVELOPE DBL WIN SELF BLANK	60.19			60.19

SAFEGUARD MESSAGE:

TO PAY BY CREDIT CARD, SIMPLY CALL YOUR CONSULTANT.

(515) 223-9343 ED LEISTAD

L.U.N.A.



PLEASE INDICATE CHANGE OF ADDRESS AND/OR PHONE NUMBER:

EMAIL ADDRESS: _____

TOTAL PRODUCT	60.19
DISCOUNT	.00
PREPAYMENT	.00
SHIPPING/HANDLING	10.23
SALES TAX	4.23
PLEASE PAY THIS AMOUNT	74.65

INVOICE

INVOICE DATE	INVOICE NUMBER
5/30/2013	028897686
CUSTOMER NUMBER	CONSULTANT NO.
Q7J2MY	0241-87
ORDER NUMBER	
J0KNTS	
AMOUNT DUE	74.65

TO ENSURE PROPER CREDIT, RETURN THIS STUB WITH YOUR REMITTANCE.

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SAFEGUARD BUSINESS SYSTEMS
PO BOX 88043
CHICAGO IL 60680-1043



Q7J2MY 28897686 000007465 6



INVOICE		
INVOICE NUMBER	028902931	
INVOICE DATE	CONSULTANT NUMBER	ORDER NUMBER
5/31/2013	0241-87	J0KNTS
CUSTOMER NUMBER	CUSTOMER PO.	TAX CODE
Q7J2MY		

For Inquires Call: (515) 223-9343

INVOICE TERMS: Payable Upon Receipt
 LATE CHARGE: 1 1/2% per Month or Maximum Allowable Rate Minimum of \$.50 Per Month
 FED. TAX ID: 23-1689322

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L.U.N.A.
 ADDRESS
 STE. 25

S
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L.U.N.A.
 4313 FLEUR DR., STE. 25
 DES MOINES IA 50321



QUANTITY	PRODUCT NAME	DESCRIPTION	AMOUNT	DISCOUNT	%	AMOUNT DUE
500	SFSL1MMV1 CK7S08111MMV1P	LASER L1 CHECK 1PT MAUVE MMVE	97.75			97.75

115.18 +
 74.65 +
 189.85 *

0.00 CA

SAFEGUARD MESSAGE:

This order was processed with Safeguard Secure SM
 - Doing more to reduce your risk of fraud.

TO PAY BY CREDIT CARD, SIMPLY CALL YOUR CONSULTANT.

(515) 223-9343 ED LEISTAD

L.U.N.A.



PLEASE INDICATE CHANGE OF ADDRESS AND/OR PHONE NUMBER:

EMAIL ADDRESS:

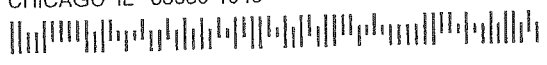
TOTAL PRODUCT	97.7
DISCOUNT	.0
PREPAYMENT	.0
SHIPPING/HANDLING	10.9
SALES TAX	6.5
PLEASE PAY THIS AMOUNT	115.1

INVOICE	
INVOICE DATE	INVOICE NUMBER
5/31/2013	028902931
CUSTOMER NUMBER	CONSULTANT NO.
Q7J2MY	0241-87
ORDER NUMBER	
J0KNTS	
AMOUNT DUE	115.18

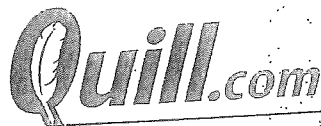
TO ENSURE PROPER CREDIT, RETURN THIS STUB WITH YOUR REMITTANCE.

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SAFEGUARD BUSINESS SYSTEMS
 PO BOX 88043
 CHICAGO IL 60680-1043



Q7J2MY 28902931 000011518 6



Best experience in office products

14156:
Order Date : 06/03/2013
Ship Date : 06/03/2013
Invoice Date : 06/03/2013
TIN : 36-2952904

P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-8965

0016271
Sold To:
LUNA

01 MB 0.402 **AUTO T7 0 1711 50321-236625 -C01-P16279-11

Ship To:
LUNA



Customer PO	Order# : 55963217	Invoice# : 3085556	Account# :		
Item Number	Description	Color	Qty shipped	Price/UM.	Extended
901-40622	Nutrigrain bars, asst flavor		2	\$21.99/box	\$43.98
901-31557Q	Frixion erasable gel pen	Asstd	4	\$5.79/pack	\$23.16
Item diverted from order # 55963142 dated 06/03/2013					
					0.00



68.53 *
857.57 *
526.13 *

Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Quill.com.

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Go paperless! Get email alerts when you have new invoices.
To get started, just go to quill.com, click on the "My Account" link,
then the account alert link.
To help apply your payment properly, remember to include your account #
on your check and remit your payment to the address shown below.

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: C5687097
LUNA



Invoice Number: 3085556
Invoice Date: 06/03/2013
Amount Due: \$68.53
Payable in U.S. Dollars

Payable to:
Quill Corporation
P.O.Box 37600
Philadelphia, PA 19101-0600

0011000000030855560005687097010000000068531

on the back of this payment slip.

1711-01-00-0016271-0001-0020988



Best experience in office products

14157;
Order Date : 06/03/2013
Ship Date : 06/03/2013
InvoiceDate : 06/03/2013
TIN : 36-2952904

P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-8965

Sold To:
LUNA

Ship To:
LUNA

1711-01-00-0016271-0002-0020969

Customer PO : floresadriana Order# : 55963142 Invoice# : 3089429 Account# : (

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-7-40137	Qb file folder, ltr, 1/3-Cut	Mnila	4	\$6.99/box	\$27.96
901-7-8118CQ	Qb insertable indexes, 8-Tab	Clear	48	\$1.29/set	\$61.92
901-535534-QL	Qb expanding poly hanging file	Black	1	\$6.79/each	\$6.79
901-7-387Q-BE	Qb hanging folder 1/5 ltr be	Blue	4	\$13.49/box	\$53.96
901-7-125AD	Qb 2-Pocket folder w/o fastnrs	Asstd	4	\$10.79/box	\$43.16
901-P-1JG	Qb paper clips, jumbo smooth		1	\$9.99/pack	\$9.99
901-P-1KS	Qb paper clips, regular smooth		1	\$5.49/pack	\$5.49
901-734657	Hype liquid highlighter 5Pk asst	Asstd	3	\$5.79/pack	\$17.37
901-13158	Nature valley yogrt strwbr ba		2	\$13.49/box	\$26.98
901-40622	Nutrigrain bars, asst flavor		0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
901-053074	Frito lay variety pk 60/cs		0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
901-65418BRCP	Post it note cabinet pack 3X3	Asstd	3	\$23.99/pack	\$71.97
901-64015HA	Lexmark tnrcgtg for t640 seri	Black	1	\$380.99/each	\$380.99
901-E260A11A	Lexmark e260/e36X/e46X black	Black	1	\$103.99/each	\$103.99
901-31557Q	Frixion erasable gel pen	Asstd	0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
999-32226S	Customer survey invite		1	\$0.00/each	\$0.00

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.



Please remit stub from total page.



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P.O. Box 37600 Philadelphia, PA 19101-0600
Customer Service: 1-800-789-8965

14158:
Order Date : 06/03/2013
Ship Date : 06/03/2013
InvoiceDate : 06/03/2013
TIN

Sold To:
LUNA

Ship To:
LUNA

Customer PO : floresadriana Order# : 55963142 Invoice# : 3089429 Account# :

Item Number	Description	Color	Qty shipped	Price/UM	Extended
999-33244S	New hp printer flyer		1	\$0.00/each	\$0.00
999-PFMOVIESCP	Popcorn factory movie night sc		1	\$0.00/each	\$0.00

Item pfmoviescp is being substituted for item pfmoviescpm.

68.53 +
857.6 +
926.13 *

...0...CA

Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Quill.com.

ink & toner
RECYCLE PROGRAM

Earn up to \$20 per month in QuillCash™
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Go paperless! Get email alerts when you have new invoices.
To get started, just go to quill.com, click on the "My Account" link,
then the account alert link.
To help apply your payment properly, remember to include your account #
on your check and remit your payment to the address shown below.

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Mdse Total: \$810.57
Tax: \$47.03
Freight: Free

Amount Due: **\$857.60**
Due Date: 07/03/2013

Account Number: C5687097
LUNA



Invoice Number: 3089429
Invoice Date: 06/03/2013
Amount Due: \$857.60
Payable in U.S. Dollars

Payable to:
Quill Corporation
P.O.Box 37600
Philadelphia, PA 19101-0600

0011000000030894290005687097010000000857604

... and/or address changes on the back of this payment slip.

1711-01-00-0016271-0003-0020970



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16591:

Order Date : 06/03/2013

Ship Date : 06/04/2013

Invoice Date : 06/05/2013

TIN . .

P.O. Box 37600 Philadelphia, PA 19101-0600

Customer Service: 1-800-789-8965

0020240 01 MB 0.402 **AUTO T9 0 1713 50321-236625 -C01-P20250-11

Sold To:

LUNA

Ship To:

LUNA



Customer PO : floresadriana Order# : 55963143 Invoice# : 3147629 Account#

Item Number	Description	Color	Qty shipped	Price/UM	Extended
901-053074	Frito lay variety pk 60/cs		1	\$39.99/case	\$39.99



Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Quill.com.



Earn up to \$20 per month in QuillCash
Go to Quill.com/inkrecycle.

Mdse Total:	\$39.99
Tax:	\$0.00
Freight:	Free

Go paperless! Get email alerts when you have new invoices.
 To get started, just go to quill.com, click on the "My Account" link,
 then the account alert link.
 To help apply your payment properly, remember to include your account #
 on your check and remit your payment to the address shown below.

Amount Due:	\$39.99
Due Date:	07/05/2013

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: C5687097

LUNA



Invoice Number: 3147629

Invoice Date: 06/05/2013

Amount Due: \$39.99

Payable in U.S. Dollars

Payable to:

Quill Corporation
 P.O.Box 37600
 Philadelphia, PA 19101-0600

0011000000031476290005687097010000000039991

DM SOUTH SIA
 430 E MCKINLEY AVE
 DES MOINES, IA 50315-4205

DM SOUTH SIA
 430 L MCKINLEY AVE
 DES MOINES, IA 50315-4205

06/21/2013 01:40:04 PM

06/04/2013 01:35:17 PM

Forever@ 10 \$.46 \$4.60
 Postage

Forever@ 10 \$.46 \$4.60
 Postage

Total: \$4.60

Total: \$4.60

Paid by: DebitCard
 Account #: XXXXXXXXXX
 Approval #: 768536
 Transaction #: 803
 23-902120138-99
 Receipt #: 082100
 APC Transaction #: 19
 USPS® #: 182434-9551

Paid by: DebitCard
 Account #: XXXXXXXXXX
 Approval #: 242969
 Transaction #: 355
 23-902120138-99
 Receipt #: 081653
 APC Transaction #: 23
 USPS® #: 182434-9551

Thanks.
 It's a pleasure to serve you.

Thanks.
 It's a pleasure to serve you.

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282.77 +
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 0.00 = CA