

Iowa Department of Justice

Crime Victim Assistance Division (CVAD)

Claim Voucher

Fund: DA-Domestic Abuse & SA-Sexual Abuse

Month: October

Program: Centers Against Abuse and Sexual Assault (CAASA)

Address: PO Box 996

City: Spencer

E-mail Contact:

Phone/Ext.: 712-262-4612

Vendor #:

RECEIVED  
 10/15/13

Contract #	DA-14-					SA-14-88-SAC				
Expense	Budget	Claim	YTD	Balance	Budget	Claim	YTD	Balance		
Payroll	-	-	-	-	-	9,868.58	52,845.44	(52,845.44)		
Benefits	-	-	-	-	-	1,919.00	5,050.75	(5,050.75)		
Travel & Training	-	-	-	-	-	2,135.21	4,464.62	(4,464.62)		
Contracted Svc.	-	-	-	-	-	388.57	19,161.63	(19,161.63)		
Equipment	-	-	-	-	-	-	-	-		
Repairs & Maint.	-	-	-	-	-	-	-	-		
Rent	-	-	-	-	-	833.18	2,991.55	(2,991.55)		
Utilities	-	-	-	-	-	<del>281.16</del> 281.16	614.22	(614.22)		
Communications	-	-	-	-	-	717.85	1,884.90	(1,884.90)		
Advertising	-	-	-	-	-	-	-	-		
Supplies	-	-	-	-	-	131.93	189.93	(189.93)		
Insurance	-	-	-	-	-	-	-	-		
Other Direct	-	-	-	-	-	-	6.82	(6.82)		
Total	-	-	-	-	-	16,275.75	87,209.86	(87,209.86)		
Total DA/SA				16,275.75			87,209.86	(87,209.86)		

PAID  
JAN 23 2014

279327  
48

16,275.75 \* 87,209.86 \* 192,118.05

Program Signature: Julie Schulenz  
 Date: 12/6/13  
 CVAD Signature: Donna Phillips  
 Date: 11/14/14

Original or First claim	
Doc # AGKH	101413001
Date Paid	10/15/13

# Payroll Summary for Claim Vouchers

Time Period: Oct-13

Program City: Spencer

Program: Centers Against Abuse and Sexual Assault

New Staff	Employee	Title	Direct Service %	Gross Wages	Total Payroll Claim	Total Payroll					
						DA	SA	FV	SF	VA	VW
	V Advocate Clay/Palo A		100%	\$2,307.70	\$2,307.70					\$2,307.70	
	SA Services Coordinator		80%	\$2,846.16	\$2,276.92		\$1,138.46			\$1,138.46	
	Executive Director		75%	\$3,846.16	\$3,076.92		\$1,538.46			\$1,538.46	
	Advocate Dickinson/Er		100%	\$2,384.62	\$2,384.62		\$2,384.62				
	Volunteer/Trainer Coord		80%	\$2,769.24	\$2,492.32		\$1,228.16			\$1,228.16	
	SA Prevention Educator		50%	\$2,615.38	\$1,225.04		\$1,225.04				
	Advocate BV/Pecahon		100%	\$2,615.38	\$2,353.84		\$2,353.84				
	Advocate Cherokee/Iida/		100%	\$630.88	\$630.88					\$1,817.17	
					\$0.00						
					\$0.00						
					\$0.00						
					\$0.00						
					\$0.00						
Total:				\$20,015.52	\$16,748.24	\$0.00	\$9,868.58	\$0.00	\$2,766.62	\$5,263.33	\$0.00
Gross Wages						DA	SA	FV	SS	VA	VW

## Expense Summary SA

Program: *Centers Against Abuse and Sexual Assault*  
 Month/Year: *Oct-13*

### Travel & Training:

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
10/11/2013	mileage	29.70
10/25/2013	mileage	97.65
10/11/2013	mileage	156.60
10/25/2013	mileage	100.80
10/11/2013	mileage	100.35
10/25/2013	mileage	220.50
10/25/2013	training meals	56.50
10/25/2013	training parking	30.00
10/11/2013	mileage	83.70
10/25/2013	mileage	140.40
10/11/2013	mileage	36.00
10/25/2013	mileage	86.40
10/11/2013	mileage	260.55
10/25/2013	mileage	267.30
10/11/2013	mileage	165.60
9/17/2013	training VISA	188.16
9/14/2013	training-registration VISA	40.00
9/25/2013	training registration VISA	75.00
<b>Total:</b>		<b>2,135.21</b>

### Rent:

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
14-Oct-13	Cherokee rent	283.18
14-Oct-13	Storm Lake rent	550.00
<b>Total:</b>		<b>833.18</b>

### Contractual Services:

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
8-Oct-13	Office Elements	388.57
<b>Total:</b>		<b>388.57</b>

### Repairs & Maintenance

Date:                      Type of Invoice:                      Amount:

Total:                     

\$ 2903

**Utilities**

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
15-Oct-13	Black Hills Energy - Spirit Lake	29.30
28-Oct-13	Black Hills Energy - Spencer	31.70
15-Oct-13	Alliant Energy - Spirit Lake	44.47
16-Oct-13	Alliant Energy - Storm Lake	21.65
10-Oct-13	Mid American Energy - Storm Lake	44.59
15-Oct-13	City of Spirit Lake	63.19
10-Oct-13	City of Storm Lake	46.53
Total:		281.43

**Communications:**

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
7-Oct-13	Century Link - Storm Lake	208.12
10-Oct-13	Century Link - Cherokee	202.86
4-Oct-13	Century Link - Spirit Lake	167.28
15-Oct-13	SMU - Spencer	139.59
Total:		717.85

**Supplies:**

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
11-Oct-13	office supplies	34.23
25-Sep-13	Postage VISA	97.70
Total:		131.93

**Other Direct:**

<u>Date:</u>	<u>Type of Invoice:</u>	<u>Amount:</u>
Total:		-

TOTAL EXPENSES\*:                     4,488.17                    

\*doesn't include payroll & benefits

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Pay Period: 10/05/2013 - 10/18/2013      Pay Date: 10/25/2013

Employee Pay Stub	Check number:	SSN	Status (Fed/State)	Allowances/Extra
Employee				

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary		25.00	1,423.08	29,423.08
Cell Phone Stipend			25.00	75.00
Health Insurance Stipend				184.62
	0.00		1,448.08	29,682.70
			Current	YTD Amount
Deductions From Gross			-43.44	-890.41
Simple IRA Emp.			-23.08	-1,715.36
Cafeteria Flex/med			-66.52	-2,605.77
			Current	YTD Amount
Taxes			0.00	0.00
Medicare Employee Addl Tax			-65.00	-952.00
Federal Withholding			-88.35	-1,733.98
Social Security Employee			-20.67	-405.53
Medicare Employee			-52.00	-955.00
IA - Income Tax			-226.02	-4,046.51
			Current	YTD Amount
Adjustments to Net Pay			86.40	1,017.33
Employee Reimbursement				
Net Pay			1,241.94	24,047.75

Direct Deposit	Amount
Checking	1,241.94
Non-taxable Company Items	
Simple IRA Co. Match	43.44
Flex Plan stipend	92.31
Memo	
Direct Deposit	

*Payroll*

10% ISP - 142.31  
 40% SA - 569.23  
 40% LACA - 569.23  
 10% other - 142.31

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub      Check number:      Pay Period: 09/21/2013 - 10/04/2013      Pay Date: 10/11/2013  
 Employee      SSN      Status (Fed/State)      Allowances/Extra

Earnings and Hours	Qty	Rate	Current	YTD Amount	Direct Deposit	Amount
Salary			1,423.08	28,000.00	Checking -	1,208.44
Health Insurance Stipend				184.62	Non-taxable Company Items	
Cell Phone Stipend				50.00	Simple IRA Co. Match	42.69
	0.00		1,423.08	28,234.62	Flex Plan stipend	92.31
			Current	YTD Amount		
<b>Deductions From Gross</b>					<b>Memo</b>	
Simple IRA Emp.			-42.69	-846.97	Direct Deposit	
Cafeteria Flex/med			-23.08	-1,692.28		
			-65.77	-2,539.25		
			Current	YTD Amount		
<b>Taxes</b>						
Medicare Employee Addl Tax			0.00	0.00		
Federal Withholding			-61.00	-887.00		
Social Security Employee			-66.80	-1,645.63		
Medicare Employee			-20.30	-384.86		
A - Income Tax			-51.00	-903.00		
			-219.10	-3,820.49		
			Current	YTD Amount		
<b>Adjustments to Net Pay</b>						
Employee Reimbursement			70.23	930.93		
			1,208.44	22,805.81		
Net Pay						

1090 ISP 142.31  
 4090 SA 569.23  
 4090 Voca 569.23  
 1090 other 142.31

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Pay Period: 09/21/2013 - 10/04/2013

Pay Date: 10/11/2013

Employee Pay Stub      Check number:      SSN      Status (Fed/State)      Allowances/Extra

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary			1,923.08	35,915.46
Health Insurance Stipend				184.62
Cell Phone Stipend	0.00		1,923.08	36,150.08
<b>Deductions From Gross</b>			<b>Current</b>	<b>YTD Amount</b>
Simple IRA Emp.			-57.69	-1,084.55
Cafeteria Flex/med			-50.00	-888.44
Cafeteria Flex-Health Ins			-107.69	-2,157.61
<b>Taxes</b>			<b>Current</b>	<b>YTD Amount</b>
Medicare Employee Addl Tax			0.00	0.00
Federal Withholding			-168.00	-2,908.00
Social Security Employee			-116.14	-2,174.78
Medicare Employee			-27.16	-508.62
IA - Income Tax			-88.00	-1,600.00
			-399.30	-7,189.40
<b>Adjustments to Net Pay</b>			<b>Current</b>	<b>YTD Amount</b>
Employee Reimbursement			35.85	1,862.70
<b>Net Pay</b>			<b>1,451.94</b>	<b>28,665.77</b>

Direct Deposit	Amount
Checking - *****	1,451.94
<b>Non-taxable Company Items</b>	
Simple IRA Co. Match	57.69
Flex Plan stipend	92.81
	1,084.55
	461.55
<b>Memo</b>	
Direct Deposit	

1090 ISP 192.30  
 4090 SASP 769.23  
 4090 Vocasp 769.23  
 1090 other 192.32

OK - not called  
 on 10/11/13

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub	Check number:	Pay Period: 10/05/2013 - 10/18/2013	Pay Date: 10/25/2013																																																																																																				
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10% ISP 192.30  
 40% SASP 769.23  
 40% VOCA 769.23  
 10% other 192.32



Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub	Check number:	Pay Period: 10/05/2013 - 10/18/2013	Pay Date: 10/25/2013
Employee	SSN	Status (Fed/State)	Allowances/Extra
<b>Earnings and Hours</b>	Qty	Rate	Current YTD Amount
Salary		25.00	1,192.31 24,615.38
Cell Phone Stipend			75.00
Health Insurance Stipend	0.00		184.62
			1,217.31 24,874.98
<b>Deductions From Gross</b>			Current YTD Amount
Simple IRA Emp.			-36.52 -487.81
Cafeteria Flex Child Care			-115.38 -2,269.14
Cafeteria Flex/med			-184.62
			-151.90 -2,941.57
<b>Taxes</b>			Current YTD Amount
Medicare Employee Addl Tax			0.00 0.00
Federal Withholding			-78.00 -1,512.00
Social Security Employee			-68.32 -1,390.12
Medicare Employee			-15.98 -325.11
IA - Income Tax			-44.00 -879.00
			-206.30 -4,106.23
<b>Adjustments to Net Pay</b>			Current YTD Amount
Employee Reimbursement			307.06 2,210.62
<b>Net Pay</b>			1,166.17 20,037.80

Direct Deposit	Amount
	1,166.17
<b>Non-taxable Company Items</b>	Current YTD Amount
Simple IRA Co. Match	36.52 487.81
Flex Plan stipend	92.31 553.88
<b>Memo</b>	
Direct Deposit	

10090 SA 1192.31

Centers Against Abuse & Sexual Assault  
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Direct Deposit

Employee Pay Stub	Check number:	Pay Period: 09/21/2013 - 10/04/2013	Pay Date: 10/11/2013
Employee		SSN	Status (Fed/State) Allowances/Extra
<b>Earnings and Hours</b>	Qty	Rate	Current YTD Amount
Salary			1,192.31 23,423.05
Health Insurance Stipend			184.62
Cell Phone Stipend			50.00
	0.00		1,192.31 23,657.67
<b>Deductions From Gross</b>			Current YTD Amount
Simple IRA Emp.			-35.77 -451.29
Cafeteria Flex Child Care			-115.38 -2,153.76
Cafeteria Flex/med			-151.15 -2,789.67
			-151.15 -2,789.67
<b>Taxes</b>			Current YTD Amount
Medicare Employee Addl Tax			0.00 0.00
Federal Withholding			-74.00 -1,434.00
Social Security Employee			-66.77 -1,321.80
Medicare Employee			-15.62 -309.13
IA - Income Tax			-43.00 -835.00
			-199.39 -3,899.93
<b>Adjustments to Net Pay</b>			Current YTD Amount
Employee Reimbursement			107.94 1,903.56
<b>Net Pay</b>			949.71 18,871.63

Direct Deposit	Amount
Direct Deposit	949.71
<b>Non-taxable Company Items</b>	Current YTD Amount
Simple IRA Co. Match	35.77 451.29
Flex Plan stipend	92.31 461.55
<b>Memo</b>	
Direct Deposit	

10090 SA 1192.31

Centers Against Abuse & Sexual Assault  
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Direct Deposit

Employee Pay Stub	Check number:	Pay Period: 09/21/2013 - 10/04/2013	Pay Date: 10/11/2013
Employee		SSN	Status (Fed/State)
			Allowances/Extra
<b>Earnings and Hours</b>	Qty	Rate	Current YTD Amount
Salary			1,384.62 27,730.78
Health Insurance Stipend			184.62
Cell Phone Stipend	0.00		50.00
			1,384.62 27,965.40
			Current YTD Amount
<b>Deductions From Gross</b>			
Simple IRA Emp.			-41.54 -838.92
Cafeteria Flex Child Care			-27.69 -249.21
Cafeteria Flex-Health Ins			-69.23 -1,217.37
			Current YTD Amount
<b>Taxes</b>			
Medicare Employee Addl Tax			0.00 0.00
Federal Withholding			-167.00 -3,369.00
Social Security Employee			-84.13 -1,710.39
Medicare Employee			-19.67 -400.01
IA - Income Tax			-55.00 -1,099.00
			-325.80 -6,598.40
			Current YTD Amount
<b>Adjustments to Net Pay</b>			
Employee Reimbursement			156.60 2,049.31
<b>Net Pay</b>			1,146.19 22,198.94

Direct Deposit	Amount
	1,146.19
<b>Non-taxable Company Items</b>	Current YTD Amount
Simple IRA Co. Match	41.54 838.92
Flex Plan stipend	92.31 461.55
<b>Memo</b>	
Direct Deposit	

4590 SASP - 614.08  
 4590 SA - 614.08  
 1090 other - 138.46

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub	Check number:	Pay Period: 10/05/2013 - 10/18/2013	Pay Date: 10/25/2013
Employee	SSN	Status (Fed/State)	Allowances/Extra
<b>Earnings and Hours</b>			
Salary	Qty	Rate	Current YTD Amount
Cell Phone Stipend		25.00	1,384.62 29,115.40
Health Insurance Stipend			25.00 75.00
	0.00		184.62
<b>Deductions From Gross</b>			
Simple IRA Emp.			Current YTD Amount
Cafeteria Flex Child Care			-42.29 -881.21
Cafeteria Flex-Health Ins			-27.69 -278.90
			-129.24
			-69.98 -1,287.35
<b>Taxes</b>			
Medicare Employee Addl Tax			0.00 0.00
Federal Withholding			-171.00 -3,560.00
Social Security Employee			-85.68 -1,796.07
Medicare Employee			-20.04 -420.05
IA - Income Tax			-58.00 -1,155.00
			-332.72 -6,931.12
<b>Adjustments to Net Pay</b>			
Employee Reimbursement			Current YTD Amount
			100.80 2,150.11
<b>Net Pay</b>			1,107.72 23,308.66

Direct Deposit	Amount
	1,107.72
<b>Mon-taxable Company Items</b>	
Simple IRA Co. Match	Current YTD Amount
Flex Plan stipend	42.29 881.21
	92.31 553.86
<b>Memo</b>	
Direct Deposit	

45% SASP - 61408  
 45% SA - 61408  
 10% other - 138.46

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub		Check number:		Pay Period: 09/21/2013 - 10/04/2013	Pay Date: 10/11/2013
Employee	SSN	Status (Fed/State)	Allowances/Extra		
<b>Earnings and Hours</b>					
	Qty	Rate	Current	YTD Amount	Amount
Salary			1,307.69	25,576.95	1,307.20
Health Insurance Stipend				184.62	
Cell Phone Stipend				50.00	
	0.00		1,307.69	25,811.57	
<b>Deductions From Gross</b>					
			Current	YTD Amount	
Health Insurance (pre-tax)				174.22	
Cafeteria Flex/med				-1,046.04	
				-871.82	
<b>Taxes</b>					
			Current	YTD Amount	
Medicare Employee Addl Tax			0.00	0.00	
Federal Withholding			-114.00	-808.00	
Social Security Employee			-81.07	-1,546.26	
Medicare Employee			-18.97	-361.63	
IA - Income Tax			-47.00	-944.00	
			-261.04	-3,657.89	
<b>Adjustments to Net Pay</b>					
			Current	YTD Amount	
Employee Reimbursement			260.55	2,583.14	
<b>Net Pay</b>			<b>1,307.20</b>	<b>23,665.00</b>	

Direct Deposit	Amount
	1,307.20
<b>Non-taxable Company Items</b>	
	Current YTD Amount
Flex Plan stipend	92.31 461.55
<b>Memo</b>	
Direct Deposit	

(sint pay)  
 ICAPP 53.90  
 Dickinson - 67.04  
 Cherokee-Ida - 454.86  
 Clay 88.31  
 SAC 84.96  
 SA 47.90 612.52

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub	Check number:	Pay Period: 10/05/2013 - 10/18/2013	Pay Date: 10/25/2013
Employee		SSN	Status (Fed/State)
<b>Earnings and Hours</b>	<b>Qty</b>	<b>Rate</b>	<b>Current</b> <b>YTD Amount</b>
Salary			1,307.69   26,884.64
Cell Phone Stipend		25.00	25.00   75.00
Health Insurance Stipend			184.62
	0.00		1,332.69   27,144.26
<b>Deductions From Gross</b>			<b>Current</b> <b>YTD Amount</b>
Health Insurance (pre-tax)			174.22
Cafeteria Flex/med			-1,046.04
			-871.82
<b>Taxes</b>			<b>Current</b> <b>YTD Amount</b>
Medicare Employee Addl Tax			0.00   0.00
Federal Withholding			-118.00   -924.00
Social Security Employee			-82.63   -1,628.89
Medicare Employee			-19.32   -380.96
IA - Income Tax			-48.00   -992.00
			-267.95   -3,925.84
<b>Adjustments to Net Pay</b>			<b>Current</b> <b>YTD Amount</b>
Employee Reimbursement			267.30   2,850.44
<b>Net Pay</b>			<b>1,332.04</b> <b>25,197.04</b>

Direct Deposit	Amount
	1,332.04
<b>Non-taxable Company Items</b>	<b>Current</b> <b>YTD Amount</b>
Flex Plan stipend	92.31   553.86
<b>Memo</b>	
Direct Deposit	

ICAPP  
 53%  
 Dickinson - 67.04  
 Chewter - Ida - 454.86  
 Clay - 88.31  
 Sac - 84.96

SA 4790 612.52

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub	Check number:	Pay Period: 09/21/2013 - 10/04/2013	Pay Date: 10/11/2013
Employee	SSH	Status (Fed/State)	Allowances/Extra
<b>Earnings and Hours</b>	Qty	Rate	Current YTD Amount
Salary			1,307.69 25,738.51
Health Insurance Stipend			184.62
Cell Phone Stipend	0.00		50.00
			1,307.69 25,973.13
<b>Deductions From Gross</b>			Current YTD Amount
Cafeteria Flex Child Care			-34.61 -780.73
Simple IRA Emp.			-39.23 -779.21
Cafeteria Flex/med			-9.62 -298.10
Cafeteria Flex-Health Ins			-184.62
			-83.46 -2,042.65
			Current YTD Amount
<b>Taxes</b>			0.00 0.00
Medicare Employee Addl Tax			-131.00 -2,496.00
Federal Withholding			-78.33 -1,532.00
Social Security Employee			-18.32 -358.29
Medicare Employee			-49.00 -935.00
IA - Income Tax			-276.65 -5,321.29
			Current YTD Amount
<b>Adjustments to Net Pay</b>			83.70 1,345.76
Employee Reimbursement			
<b>Net Pay</b>			1,031.28 19,954.94

Direct Deposit	Amount
	1,031.28
<b>Non-taxable Company Items</b>	Current YTD Amount
Simple IRA Co. Match	39.23 779.21
Flex Plan stipend	92.31 461.55
<b>Memo</b>	
Direct Deposit	

9090 SA 1176.92  
 1090 ISP 130.77

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub      Check number:      Pay Period: 10/05/2013 - 10/18/2013      Pay Date: 10/25/2013  
 Employee      SSN      Status (Fed/State)      Allowances/Extra

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary		25.00	1,307.69	27,046.20
Cell Phone Stipend			25.00	75.00
Health Insurance Stipend				184.62
	0.00		1,332.69	27,305.82
Deductions From Gross			Current	YTD Amount
Cafeteria Flex Child Care			-34.61	-815.34
Simple IRA Emp.			-39.98	-819.19
Cafeteria Flex/med			-9.62	-307.72
Cafeteria Flex-Health Ins				-184.62
			-84.21	-2,126.87
Taxes			Current	YTD Amount
Medicare Employee Adcl Tax			0.00	0.00
Federal Withholding			-135.00	-2,631.00
Social Security Employee			-79.88	-1,611.88
Medicare Employee			-18.68	-376.97
IA - Income Tax			-51.00	-986.00
			-284.56	-5,605.85
Adjustments to Net Pay			Current	YTD Amount
Employee Reimbursement			140.40	1,486.16
Net Pay			1,104.32	21,059.26

Direct Deposit	Amount
Direct Deposit	1,104.32
Non-taxable Company Items	
	Current      YTD Amount
Simple IRA Co. Match	39.98      819.19
Flex Plan stipend	92.31      553.86
Memo	
Direct Deposit	

9070 SA      1176.92  
 1090 ISP      130.77



BENEFIT SUMMARY-CAASA

October 2013 SA

Benefits

Expense Description

Calculations

Claim Total

FICA

9868.58 x

0.0765

988.23

Iowa Unemployment

157.21 ✓

129.42

Flex Plan

2123.13 ✓

507.71

Dearborn Insurance

105.75 ✓

19.39

Simple IRA

437.59 ✓

215.75

Kabel

58.5 ✓

58.50

1,919.00

Total Benefits This Claim:

10/1/13  
10/1/13  
10/1/13  
10/1/13  
10/1/13  
10/1/13

*Benefits*

Centers Against Abuse & Sexual Assault  
Payroll Summary  
October 2013

				TOTAL
<b>Employee Wages, Taxes and Adjustments</b>				
Gross Pay	2,615.38	2,615.38	2,384.62	7,615.38
Salary	25.00	25.00	25.00	75.00
Cell Phone Stipend				
Total Gross Pay	2,640.38	2,640.38	2,409.62	7,690.38
Deductions from Gross Pay				
Cafeteria Flex Child Care	-69.22	0.00	-230.76	-299.98
Cafeteria Flex/med	-19.24	0.00	0.00	-19.24
Simple IRA Emp.	-79.21	0.00	-72.29	-151.50
Total Deductions from Gross Pay	-167.67	0.00	-303.05	-470.72
Adjusted Gross Pay	2,472.71	2,640.38	2,106.57	7,219.66
Taxes Withheld				
Federal Withholding	-266.00	-232.00	-152.00	-650.00
Medicare Employee	-37.00	-36.29	-31.60	-106.89
Social Security Employee	-158.21	-163.70	-136.09	-457.00
IA - Income Tax	-100.00	-95.00	-87.00	-282.00
Medicare Employee Addl Tax	0.00	0.00	0.00	0.00
Total Taxes Withheld	-561.21	-528.99	-405.69	-1,495.89
Additions to Net Pay	224.10	527.85	415.00	1,166.95
Employee Reimbursement	224.10	527.85	415.00	1,166.95
Total Additions to Net Pay	2,135.60	2,639.24	2,115.98	6,890.72
Net Pay				
Employer Taxes and Contributions				
Medicare Company	37.00	38.29	31.60	106.89
Social Security Company	158.21	163.70	135.09	457.00
IA - Unemployment	40.04	44.88	72.29	157.21
Flex Plan stipend	184.62	184.62	184.62	553.86
Simple IRA Co. Match	79.21	0.00	72.29	151.50
IA - Admin. Surcharge	0.00	0.00	0.00	0.00
IA - Reserve Fund	0.00	0.00	0.00	0.00
Total Employer Taxes and Contributions	499.08	431.49	495.89	1,426.46



New York Life Retirement Plan Services

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### Transmit Roster Confirmation

Plan Name: CENTERS AGAINST ABUSE & SEX ASLT

[Print this Page](#)

[Return to Roster List](#)

The ACH funding cutoff time for same day tracing has passed. This contribution roster will process on the next business day.

#### Notification of NEW Payroll

Current Date:	12/02/2013
Payroll Date:	10/25/2013
Payment Type:	ACH

#### Banking Information:

Bank Account Level: Plan Default  
 Bank Account Description: C  
 Bank Account Type: Checking  
 Bank Reg 1: CENTERS AGAINST ABUSE & SEX  
 Bank Reg 2:  
 Routing Number: 077001157  
 Account Number  
 Funding Amount: 875.18

Batch Date:	12/02/2013
Batch Number:	6120861

EMPLOYEE CONTRIBUTION  
 EMPLOYER MATCHING  
 TOTAL

437.59  
 437.59  
 875.18

SIMPLE IRA

11:50 AM  
11/08/13  
Accrual Basis

Centers Against Abuse & Sexual Assault  
Transaction Detail By Account  
October 2013

Type	Date	Name	Class	Debit
Paycheck	10/11/2013			39.23
Paycheck	10/25/2013			39.98
Total				79.21
Paycheck	10/11/2013			41.54
Paycheck	10/25/2013			42.29
Total				83.83
Paycheck	10/11/2013			42.69
Paycheck	10/25/2013			43.44
Total				86.13
Paycheck	10/11/2013			35.77
Paycheck	10/25/2013			36.52
Total				72.29
Paycheck	10/11/2013			57.69
Paycheck	10/25/2013			58.44
Total				116.13
TOTAL				437.59

**FLEXIBLE BENEFIT PLAN**

Date Printed: 12/6/2013 12:18:51 PM

Report: Contribution Listing  
 Prepared By: Kabel Business Services

Sort Criteria: Dept/EmpNum  
 Options: Page break after company

Company Name/ID: CENTERS AGAINST ABUSE & SEXUAL ASSAULT (CAASA)

Summary Overview For Batch	
Total Employer Portion:	\$1,292.32
Total Employer Adjusted Portion:	\$0.00
Total Contribution Amount:	\$1,732.70
Total Contribution Adjusted Amount:	\$0.00
Total Over Annual Amount:	\$0.00
Number Of Records:	21
Total Employees Processed:	14
Employees In Spending Accounts Only:	14
Employees In Non-Spending Accounts Only:	0
Employees In Both Spending And Non-Spending Accounts:	0

Summary by Benefit for Batch1L

Benefit	Employer Portion	Contributions	Records
2013-DEPFS-DEPENDENT CARE EXPENSES (C)	\$120.00	\$447.68	4
2013-INSFSA-INDIVIDUAL INSURANCE PREMIUM	\$749.24	\$749.24	9
2013-MEDFSA-MEDICAL EXPENSE ACCOUNT (C)	\$423.08	\$535.78	8
	<u>\$1,292.32</u>	<u>\$1,732.70</u>	<u>21</u>

FLEXIBLE BENEFIT PLAN

Date Printed: 12/6/2013 12:18:51 PM

Report: Contribution Listing  
 Prepared By: Kabel Business Services

Sort Criteria: Dept/EmpNum  
 Options: Page break after company

Company Name/ID: CENTERS AGAINST ABUSE & SEXUAL ASSAULT (CAASA)

Batch ID: \_\_\_\_\_ Date Posted: 10/10/2013 2:23:56 PM  
 Batch Status: Posted Posted By: KBS02  
 Source Type: Schedule

Employee	Dept	Cont ID	Benefit	Employer Portion	Adjusted Amount	Contrib Amount	Adjusted Amount	Over Annual
		5349407	MEDFSA-MEDICAL E	92.31		115.39		0.00
****		5349405	MEDFSA-MEDICAL E	0.00		30.00		0.00
****		5349406	INSFSA-INDIVIDUAL	92.31		92.31		0.00
***		5349421	INSFSA-INDIVIDUAL	92.31		92.31		0.00
****		5349419	INSFSA-INDIVIDUAL	92.31		92.31		0.00
****		5349414	MEDFSA-MEDICAL E	53.84		53.84		0.00
**		5349415	INSFSA-INDIVIDUAL	38.46		38.46		0.00
**		5349416	MEDFSA-MEDICAL E	0.00		9.62		0.00
***		5349417	DEPFSA-DEPENDEN	0.00		34.61		0.00
***		5349418	INSFSA-INDIVIDUAL	92.31		92.31		0.00
***		5349423	DEPFSA-DEPENDEN	92.31		242.31		0.00
***		5349409	MEDFSA-MEDICAL E	92.31		92.31		0.00
***		5349410	DEPFSA-DEPENDEN	0.00		115.38		0.00
***		5349403	DEPFSA-DEPENDEN	27.69		55.38		0.00
***		5349404	INSFSA-INDIVIDUAL	64.62		64.62		0.00
*****		5349420	INSFSA-INDIVIDUAL	92.31		92.31		0.00
****		5349413	MEDFSA-MEDICAL E	92.31		92.31		0.00
***		5349408	MEDFSA-MEDICAL E	92.31		92.31		0.00
***		5349422	INSFSA-INDIVIDUAL	92.30		92.30		0.00
***		5349411	MEDFSA-MEDICAL E	0.00		50.00		0.00
***		5349412	INSFSA-INDIVIDUAL	92.31		92.31		0.00

**FLEXIBLE BENEFIT PLAN**

Date Printed: 12/6/2013 12:21:04 PM

Report: Contribution Listing

Prepared By: Kabel Business Services

Sort Criteria: Dept/EmpNum

Options: Page break after company

Company Name/ID: CENTERS AGAINST ABUSE & SEXUAL ASSAULT (CAASA)

**Summary Overview For Batch**

Total Employer Portion:	\$1,292.32
Total Employer Adjusted Portion:	\$0.00
Total Contribution Amount:	\$1,732.70
Total Contribution Adjusted Amount:	\$0.00
Total Over Annual Amount:	\$0.00
Number Of Records:	21
Total Employees Processed:	14
Employees In Spending Accounts Only:	14
Employees In Non-Spending Accounts Only:	0
Employees In Both Spending And Non-Spending Accounts:	0

**Summary by Benefit for Batch:**

<u>Benefit</u>	<u>Employer Portion</u>	<u>Contributions</u>	<u>Records</u>
2013-DEPFS-DEPENDENT CARE EXPENSES (C)	\$120.00	\$447.68	4
2013-INSFSA-INDIVIDUAL INSURANCE PREMIUM	\$749.24	\$749.24	9
2013-MEDFSA-MEDICAL EXPENSE ACCOUNT (C)	\$423.08	\$535.78	8
	<u>\$1,292.32</u>	<u>\$1,732.70</u>	<u>21</u>

FLEXIBLE BENEFIT PLAN

Date Printed: 12/6/2013 12:21:04 PM

Report: Contribution Listing

Prepared By: Kabel Business Services

Sort Criteria: Dept/EmpNum

Options: Page break after company

Company Name/ID: CENTERS AGAINST ABUSE & SEXUAL ASSAULT (CAASA)

Batch ID:

Date Posted: 10/24/2013 1:16:23 PM

Batch Status: Posted

Posted By: KBS02

Source Type: Schedule

Employee	Dept	Cont ID	Benefit	Employer Portion	Adjusted Amount	Contrib Amount	Adjusted Amount	Over Annual
		5372934	MEDFSA-MEDICAL E	92.31		115.39		0.00
		5372932	MEDFSA-MEDICAL E	0.00		30.00		0.00
		5372933	INSFSA-INDIVIDUAL	92.31		92.31		0.00
		5372948	INSFSA-INDIVIDUAL	92.31		92.31		0.00
		5372946	INSFSA-INDIVIDUAL	92.31		92.31		0.00
		5372941	MEDFSA-MEDICAL E	53.84		53.84		0.00
		5372942	INSFSA-INDIVIDUAL	38.46		38.46		0.00
		5372943	MEDFSA-MEDICAL E	0.00		9.62		0.00
		5372944	DEPFSA-DEPENDEN	0.00		34.61		0.00
		5372945	INSFSA-INDIVIDUAL	92.31		92.31		0.00
		5372950	DEPFSA-DEPENDEN	92.31		242.31		0.00
		5372936	MEDFSA-MEDICAL E	92.31		92.31		0.00
		5372937	DEPFSA-DEPENDEN	0.00		115.38		0.00
		5372930	DEPFSA-DEPENDEN	27.69		55.38		0.00
		5372931	INSFSA-INDIVIDUAL	64.62		64.62		0.00
		5372947	INSFSA-INDIVIDUAL	92.31		92.31		0.00
		5372940	MEDFSA-MEDICAL E	92.31		92.31		0.00
		5372935	MEDFSA-MEDICAL E	92.31		92.31		0.00
		5372949	INSFSA-INDIVIDUAL	92.30		92.30		0.00
		5372938	MEDFSA-MEDICAL E	0.00		50.00		0.00
		5372939	INSFSA-INDIVIDUAL	92.31		92.31		0.00





Underwritten by Dearborn National<sup>®</sup> Life Insurance Company

MEMBERSHIP & BILLING: (800)348-4512  
MEMBERSHIP CHANGES: contactus@dearbornnational.com  
FAX NUMBER: (312) 240-0143  
FORM DOWNLOAD: www.dearbornnational.com

CENTERS AGAINST ABUSE & SEXUAL ASSAULT  
ATTN  
PO BOX 996  
SPENCER, IA 51301

STATEMENT DATE: 10/11/2013  
PAID TO DATE: 11/01/2013  
FOR THE PERIOD: 11/01/2013 THRU 11/30/2013



Email Address: CALL 1-800-348-4512 TO UPDATE  
Group / Account Number

BILLING SUMMARY

..CURRENT PREMIUM DUE	\$105.75
TOTAL AMOUNT DUE 11/01/2013	\$105.75

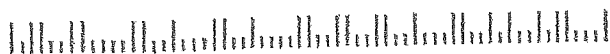
ACCP 2150

Please complete other side to report changes not previously submitted

PLEASE DETACH AND RETURN WITH CHECK FOR TOTAL DUE

GROUP / ACCOUNT NUMBER:  
 GROUP NAME: CENTERS AGAINST ABUSE & SEXUAL AS  
 FOR THE PERIOD: 11/01/2013 THRU 11/30/2013  
 CURRENT PREMIUM DUE \$105.75  
 TOTAL AMOUNT DUE 11/01/2013 \$105.75

DEARBORN NATIONAL LIFE INSURANCE COMPANY  
36788 EAGLE WAY  
CHICAGO, IL 60678-1367



22020000000010307020000111012013000010575

# Dearborn National<sup>®</sup>

Underwritten by Dearborn National<sup>®</sup> Life Insurance Company

MEMBERSHIP & BILLING: (800)348-4512  
 MEMBERSHIP CHANGES: contactus@dearbornnational.com  
 FAX NUMBER: (312) 240-0143  
 FORM DOWNLOAD: www.dearbornnational.com

CENTERS AGAINST ABUSE & SEXUAL ASSAULT  
 ATTN  
 PO BOX 996  
 SPENCER, IA 51301

STATEMENT DATE: 10/11/2013

PAID TO DATE: 11/01/2013

FOR THE PERIOD: 11/01/2013 THRU 11/30/2013

Email Address: CALL 1-800-348-4512 TO UPDATE

Group/Account Number:



Member ID	Employee Name	Product	Coverage Amt.	Adjustment Date	Member Adjustment	Modal Premium	Total Premium
XXXXXX		ADD	15000			0.60	
		LIFE	15000			6.45	
				EMPLOYEE TOTAL	\$0.00	\$7.05	\$7.05
XXXX		ADD	15000			0.60	
		LIFE	15000			6.45	
				EMPLOYEE TOTAL	\$0.00	\$7.05	\$7.05
XXXX		ADD	15000			0.60	
		LIFE	15000			6.45	
				EMPLOYEE TOTAL	\$0.00	\$7.05	\$7.05
XXXX		ADD	15000			0.60	
		LIFE	15000			6.45	
				EMPLOYEE TOTAL	\$0.00	\$7.05	\$7.05
XXXX		ADD	15000	10/01/2013-10/31/2013	.60	0.60	
		LIFE	15000	10/01/2013-10/31/2013	6.45	6.45	
				EMPLOYEE TOTAL	\$7.05	\$7.05	\$14.10
XXXXX		ADD	15000			0.60	
		LIFE	15000			6.45	
				EMPLOYEE TOTAL	\$0.00	\$7.05	\$7.05
XXXX		ADD	15000			0.60	
		LIFE	15000			6.45	
				EMPLOYEE TOTAL	\$0.00	\$7.05	\$7.05
XXXX		ADD	15000			0.60	
		LIFE	15000			6.45	
				EMPLOYEE TOTAL	\$0.00	\$7.05	\$7.05
XXXX		ADD	15000			0.60	
		LIFE	15000			6.45	
				EMPLOYEE TOTAL	\$0.00	\$7.05	\$7.05
XXXX		ADD	15000			0.60	
		LIFE	15000			6.45	
				EMPLOYEE TOTAL	\$0.00	\$7.05	\$7.05
XXXX		ADD	15000			0.60	
		LIFE	15000			6.45	
				EMPLOYEE TOTAL	\$0.00	\$7.05	\$7.05

*No employee by that name*

**KABEL BUSINESS SERVICES - FLEX**

1454 30th Street, Suite 105  
 West Des Moines, Iowa 50266-1312  
 515-224-9400/1-800-300-9691  
 Fax 515-224-9256

**Invoice**

DATE	10/1/2013
INVOICE #	M-FEES
TERMS	Due on receipt
Balance Due	\$58.50
Amount Enclosed:	

BILL TO
CENTERS AGAINST ABUSE & SEXUAL ASSAULT ATTN P.O. BOX 996 SPENCER, IA 51301

Please tear off above payment stub and return with your check

DESCRIPTION	AMOUNT						
MONTHLY PARTICIPANT FEES FOR FLEX PLAN (9 PARTICIPANTS x \$6.50/PARTICIPANT/MONTH)  ***** DO NOT SEND PAYMENT *****  THIS INVOICE IS INFORMATIONAL ONLY. THE AMOUNT DUE WILL BE PULLED ELECTRONICALLY FROM YOUR BANK ACCOUNT ON RECORD WITH KABEL BUSINESS SERVICES APPROXIMATELY 2-3 BUSINESS DAYS AFTER THE INVOICE DATE.  <div style="text-align: center; font-size: 2em; font-family: cursive;">5226 03</div>	58.50						
WE'VE MOVED!!! PLEASE NOTE OUR NEW SUITE NUMBER BELOW:  KABEL BUSINESS SERVICES - FLEX 1454 30TH ST, SUITE 105 WEST DES MOINES, IA 50266-1312 515-224-9400/800-300-9691	<table border="1" style="width: 100%;"> <tr> <td>Total</td> <td style="text-align: right;">\$58.50</td> </tr> <tr> <td>Payments/Credits</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Balance Due</td> <td style="text-align: right;">\$58.50</td> </tr> </table>	Total	\$58.50	Payments/Credits	\$0.00	Balance Due	\$58.50
Total	\$58.50						
Payments/Credits	\$0.00						
Balance Due	\$58.50						

# EXPENSE CLAIM FORM

Name: \_\_\_\_\_

PP 9/7/13 to 9/20/13

Mileage			
# of business miles	66		\$ 29.70

Travel Meals			
Date	Item Purchased	Amount	Initials

Supplies			
Date	Item Purchased	Amount	Initials

Postage			
Date	Item Purchased	Amount	Initials
10/1/2013	postage	\$6.15	js

Mileage forms and receipts **MUST** be attached to process tr

Total Expense Claim:           \$35.85          

6 <sup>15</sup>  
5090.02      04

for admin use only:
5100.06.03
acct      class

29.70

# EXPENSE CLAIM FORM

PP 9/7/13 to 9/20/13

Name:

<b>Mileage</b>		\$ 29.70
# of business miles	66	

Travel Meals Date	Item Purchased	Amount	Initials

Supplies Date	Item Purchased	Amount	Initials

Postage Date	Item Purchased	Amount	Initials
10/1/2013	postage	\$6.15	js

Mileage forms and receipts **MUST** be attached to process th

Total Expense Claim:

\$35.85

6<sup>15</sup>  
5090.02 ..... 04

for admin use only:	
5160.06	03
acct	class

29.70

# MILEAGE CLAIM FORM

PP 9/21 to 10/4/13

Name

Date	Destination	Purpose of Travel	# of miles
9/25/13	Cherokee	County fund drive	50
9/26/2013	Cherokee	County fund drive	16

TOTAL MILES:

66

Comments or Special Notations:

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub      Check number:      Pay Period: 09/21/2013 - 10/04/2013      Pay Date: 10/11/2013

Employee      SSN      Status (Fed/State)      Allowances/Extra

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary			1,923.08	35,915.46
Health Insurance Stipend				184.62
Cell Phone Stipend	0.00		1,923.08	36,150.08
<b>Deductions From Gross</b>			<b>Current</b>	<b>YTD Amount</b>
Simple IRA Emp.			-57.69	-1,084.55
Cafeteria Flex/med			-50.00	-888.44
Cafeteria Flex-Health Ins			-107.69	-2,157.61
<b>Taxes</b>			<b>Current</b>	<b>YTD Amount</b>
Medicare Employee Addl Tax			0.00	0.00
Federal Withholding			-168.00	-2,906.00
Social Security Employee			-116.14	-2,174.78
Medicare Employee			-27.16	-508.62
IA - Income Tax			-68.00	-1,600.00
<b>Adjustments to Net Pay</b>			<b>Current</b>	<b>YTD Amount</b>
Employee Reimbursement			35.85	1,862.70
<b>Net Pay</b>			<b>1,451.94</b>	<b>28,665.77</b>

Direct Deposit	Amount
Direct Deposit	1,451.94
<b>Non-taxable Company Items</b>	
	<b>Current</b>
Simple IRA Co. Match	57.69
Flex Plan stipend	92.31
	<b>YTD Amount</b>
Simple IRA Co. Match	1,084.55
Flex Plan stipend	461.55
<b>Memo</b>	
Direct Deposit	

1090 ISP 192.30  
 4090 SASP 769.23  
 4090 Voca 769.23  
 1090 other 192.32

# EXPENSE CLAIM FORM

Pay Period: 10/5 - 10/18

Name: \_\_\_\_\_

<b>Mileage</b>			
# of business miles	217	\$0.45/mile	\$ 97.65

Travel Meals			
Date	Item Purchased	Amount	Initials

Supplies			
Date	Item Purchased	Amount	Initials

Postage			
Date	Item Purchased	Amount	Initials

Mileage forms and receipts **MUST** be attached to process the claim.

Total Expense Claim:     \$                     97.65

for admin use only:	
5160.06	03
acct.	class

97.65



# MILEAGE CLAIM FORM

Pay Period: 10/5 - 10/18

Name

Date	Destination	Purpose of Travel	# of miles
10/10/13	Sioux Center	Region 1 meeting	167
10/12/2013	New Leaf	New Leaf	20
10/14/2013	Okoboji	CHAPCO meeting	30

**TOTAL MILES:** 217

Total miles should match what is on time sheet

Comments or Special Notations:

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub	Check number:	Pay Period: 10/05/2013 - 10/18/2013	Pay Date: 10/25/2013
Employee	SSN	Status (Fed/State)	Allowances/Extra
<b>Earnings and Hours</b>	Qty	Rate	Current YTD Amount
Salary			1,923.08 37,838.54
Cell Phone Stipend		25.00	25.00 75.00
Health Insurance Stipend			184.62
	0.00		1,948.08 38,098.16
<b>Deductions From Gross</b>		Current YTD Amount	
Simple IRA Emp.		-58.44	-1,142.99
Cafeteria Flex/med		-50.00	-938.44
Cafeteria Flex-Health Ins			-184.62
		-108.44	-2,266.05
<b>Taxes</b>		Current YTD Amount	
Medicare Employee Addl Tax		0.00	0.00
Federal Withholding		-171.00	-3,077.00
Social Security Employee		-117.68	-2,292.46
Medicare Employee		-27.52	-536.14
IA - Income Tax		-90.00	-1,690.00
		-406.20	-7,595.60
<b>Adjustments to Net Pay</b>		Current YTD Amount	
Employee Reimbursement		97.85	1,660.35
<b>Net Pay</b>		1,531.09	30,196.86

Direct Deposit	Amount
	1,531.09
<b>Non-taxable Company Items</b>	Current YTD Amount
Simple IRA Co. Match	58.44 1,142.99
Flex Plan stipend	92.31 553.86
<b>Memo</b>	
Direct Deposit	

10% ISP 192.30  
 40% SASP 769.23  
 40% VACA 769.23  
 10% other 192.32

# EXPENSE CLAIM FORM

9/21-10/4/13

<b>Mileage</b>			
# of business miles	348	0.45/mile	\$156.60

Travel Meals Date	Item Purchased	Amount	Initials

Supplies Date	Item Purchased	Amount	Initials

*detail mileage on reverse file*

Postage Date	Item Purchased	Amount	Initials

Mileage forms and receipts **MUST** be attached to process tr

Total Expense Claim:           \$156.60          

for admin use only:	
acct	class

*5160.07.03*

*156.60*

# MILEAGE CLAIM FORM

9/21-10/4/13

Date	Destination	Purpose of Travel	# of miles
9/24/2013	splake/spencer	Health Fair	44
9/27/2013	Storm Lake/spencer	training	76
9/28/2013	Storm Lake/spencer	training	76
9/29/2013	Storm Lake/spencer	training	76
10/2/2013	Storm Lake/spencer	meet w volunteers	76

**TOTAL MILES: 348**

Comments or Special Notations:

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub		Check number:		Pay Period: 09/21/2013 - 10/04/2013		Pay Date: 10/11/2013	
Employee				SSN	Status (Fed/State)	Allowances/Extra	
<b>Earnings and Hours</b>		Qty	Rate	Current	YTD Amount	<b>Direct Deposit</b>	
Salary				1,384.62	27,730.78	Amount	
Health Insurance Stipend					184.62	1,146.19	
Cell Phone Stipend					50.00		
		0.00		1,384.62	27,965.40	<b>Non-taxable Company Items</b>	
<b>Deductions From Gross</b>				Current	YTD Amount	Current	YTD Amount
Simple IRA Emp.				-41.54	-638.92	41.54	838.92
Cafeteria Flex Child Care				-27.69	-249.21	92.31	461.55
Cafeteria Flex-Health Ins					-129.24		
				-69.23	-1,217.37		
<b>Taxes</b>				Current	YTD Amount	<b>Memo</b>	
Medicare Employee Addl Tax				0.00	0.00	Direct Deposit	
Federal Withholding				-167.00	-3,389.00		
Social Security Employee				-84.13	-1,710.39		
Medicare Employee				-19.67	-400.01		
IA - Income Tax				-55.00	-1,099.00		
				-325.80	-6,598.40		
<b>Adjustments to Net Pay</b>				Current	YTD Amount		
Employee Reimbursement				156.60	2,049.31		
<b>Net Pay</b>				1,146.19	22,198.94		

4590 SASP - 614.08  
 4590 SA - 614.08  
 1090 other - 138.46

# EXPENSE CLAIM FORM

Nam

Pay Period: 10/5 - 10/18

Mileage			
# of business miles	224	\$0.45/mile	\$ 100.80

Travel Meals			
Date	Item Purchased	Amount	Initials

Supplies			
Date	Item Purchased	Amount	Initials

Postage			
Date	Item Purchased	Amount	Initials

Mileage forms and receipts **MUST** be attached to process the claim.

Total Expense Claim:     \$                     100.80

for admin use only:	
5160.07	03
acct	class

100.80

# MILEAGE CLAIM FORM

Pay Period: 10/5 - 10/18

Name:

Date	Destination	Purpose of Travel	# of miles
10/9/13	storm Lake/spencer	interviews at college	76
10/11/2013	eville/splake/spencer	volunteer mtg/office	72
10/17/2013	stormlake/spencer	volunteer mtgs./office	76

**TOTAL MILES:**

**224**

Total miles should match what is on time sheet

Comments or Special Notations:

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub		Check number:	Pay Period: 10/05/2013 - 10/18/2013		Pay Date: 10/25/2013
Employee	SSN	Status (Fed/State)	Allowances/Extra		
					Amount
Earnings and Hours	Qty	Rate	Current	YTD Amount	1,107.72
Salary			1,384.62	29,115.40	
Cell Phone Stipend		25.00	25.00	75.00	
Health Insurance Stipend				184.62	
	0.00		1,409.62	29,375.02	
					Current YTD Amount
Deductions From Gross					
Simple IRA Emp.			-42.29	-881.21	
Cafeteria Flex Child Care			-27.69	-276.90	
Cafeteria Flex-Health Ins				-129.24	
			-69.98	-1,287.35	
					Current YTD Amount
Taxes					
Medicare Employee Addl Tax			0.00	0.00	
Federal Withholding			-171.00	-3,560.00	
Social Security Employee			-85.68	-1,796.07	
Medicare Employee			-20.04	-420.05	
IA - Income Tax			-58.00	-1,155.00	
			-332.72	-6,931.12	
					Current YTD Amount
Adjustments to Net Pay					
Employee Reimbursement			100.80	2,150.11	
Net Pay			1,107.72	23,306.66	

Direct Deposit	Current	YTD Amount
Non-taxable Company Items		
Simple IRA Co. Match	42.29	881.21
Flex Plan stipend	92.31	553.86
Memo		
Direct Deposit		

45% SASP - 614.08  
 45% SA - 614.08  
 10% other - 138.46



## EXPENSE CLAIM FORM

Name: \_\_\_\_\_

Pay Period: Sept. 21 - Oct. 4, 2

Mileage			
# of business miles	223	\$0.45/mile	\$ 100.35

Travel Meals			
Date	Item Purchased	Amount	Initials
9/23/2013	Meal for Client	7.59	JS

Supplies			
Date	Item Purchased	Amount	Initials

Postage			
Date	Item Purchased	Amount	Initials

Mileage forms and receipts **MUST** be attached to process this

Total Expense Claim:      \$ 107.94

7.59

5170      15

for admin use only:	
5160.08	03
acct	class

100.35

# MILEAGE CLAIM FORM

Name:

Pay Period: Sept. 21 - Oct. 4, 2013

Date	Destination	Purpose of Travel	# of miles
9/23/13	Sioux City RT	Take Client to Shelter	223

**TOTAL MILES: 223**

Comments or Special Notations:

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub		Check number:	Pay Period: 09/21/2013 - 10/04/2013	Pay Date: 10/11/2013
Employee	SSN	Status (Fed/State)	Allowances/Extra	
<b>Earnings and Hours</b>	Qty	Rate	Current	YTD Amount
Salary			1,192.31	23,423.05
Health Insurance Stipend				184.62
Cell Phone Stipend				50.00
	0.00		1,192.31	23,657.67
<b>Deductions From Gross</b>			Current	YTD Amount
Simple IRA Emp.			-35.77	-451.29
Cafeteria Flex Child Care			-115.38	-2,153.76
Cafeteria Flex/med				-184.62
			-151.15	-2,789.67
<b>Taxes</b>			Current	YTD Amount
Medicare Employee Addl Tax			0.00	0.00
Federal Withholding			-74.00	-1,434.00
Social Security Employee			-66.77	-1,321.80
Medicare Employee			-15.82	-309.13
IA - Income Tax			-43.00	-835.00
			-199.39	-3,899.93
<b>Adjustments to Net Pay</b>			Current	YTD Amount
Employee Reimbursement			107.94	1,903.56
<b>Net Pay</b>			949.71	18,871.63

Direct Deposit	Amount	
		949.71
<b>Non-taxable Company Items</b>	Current	YTD Amount
Simple IRA Co. Match	35.77	451.29
Flex Plan stipend	92.31	461.55
<b>Memo</b>		
Direct Deposit		

10090 SA 1192.31

# EXPENSE CLAIM FORM

Name:

Pay Period: 10/5 - 10/18

Mileage			
# of business miles	490	\$0.45/mile	\$ 220.50

Travel Meals			
Date	Item Purchased	Amount	Initials
10/14/2013	Supper	\$14.24	JS
10/15/2013	Supper	\$10.42	JS
10/16/2013	Lunch	\$13.10	JS
10/16/2013	Supper	\$8.77	JS
10/17/2013	Lunch	\$10.03	JS
Supplies			
Date	Item Purchased	Amount	Initials
10/17/2013	Parking for the conference	\$30.00	JS

Postage			
Date	Item Purchased	Amount	Initials

Mileage forms and receipts **MUST** be attached to process the claim.

Total Expense Claim:     \$                     307.06

for admin use only:	
5160.08	03
acct	class

220.50

5170 - 03

56.56

30.00

5240 - 03

# MILEAGE CLAIM FORM

Name:

Pay Period: 10/5 --10/18

Date	Destination	Purpose of Travel	# of miles
10/5/13	Spencer to Village West in Okoboji RT	Presentation	40
10/10/2013	Spencer to Sioux Center, RT	Regional Meeting GAASA Idol Presentation/College	122
10/10/2013	Spencer to Estherville, RT	Presentation	72
10/14/2013	Spirit Lake to Armstrong RT	Client	64
10/14/2013	Spencer to Carroll	Travel for POC conference	96
10/17/2013	Carroll to Spencer	Travel back from POC	96

**TOTAL MILES:**

**490**

Total miles should match what is on time sheet

Comments or Special Notations:

THANK YOU

10/14/2013  
6:03 PM  
#10020

Huhot  
Morgollan Grill  
Omaha

Old Chicago Omaha #29  
402-341-1616  
1111 Harney  
Omaha, NE 68102  
402-341-1616

Server: Sunny  
Table 29/1  
Guest: 1

10/14/2013  
6:03 PM

#10020

Adult Dinner 12.99

Subtotal 12.99  
Tax 0.93  
Sales Tax 0.32

Total 14.24

Balance Due 14.24

Server: Sean  
Table 113/1  
Guests: 1

10/15/2013  
8:17 PM

#60025

Individual 1 Topping CVO 9.50  
Water - No Bev 0.00

Complete Subtotal 9.50

Subtotal 9.50  
Tax 0.68  
Secondary Tax 0.24

Total 10.42

Balance Due 10.42

PIZZAS: 9.50

EAT HEALTHY AT HUHOT  
THANK YOU FOR COMING  
HOPE TO SEE YOU BACK SOON  
www.restaurantsinc.net

Total  
14.24

\*\*\*\*\*  
OLD CHICAGO GIFT CARDS  
ASK YOUR SERVER  
ABOUT PARTY PLATTERS TO GO!  
\*\*\*\*\*

Stokes Grill & Bar  
408-9000  
1122 Howard Street  
Omaha, Nebraska

Server: Jason  
Table 201/1  
Guests: 1

10/16/2013  
12:48 PM

#10006

Bowl of Chips (2 @0.00)	0.00
Stokes Burger	9.95
Cheddar	1.50
Extra \$ Ram	0.49
Complete Subtotal	11.94
Subtotal	11.94
Tax	0.86
Occ Tax	0.30
Total	13.10
Balance Due	\$ 13.10

Half priced on Wine every  
Friday and Saturday 9:00 p.m.  
to close

Spencer's  
1005 Dodge St  
Omaha, NE 68102  
(402) 280-8888

120 Sarah W

Chk 5118

1060

Gst 1

Oct 16 '13 08:31PM

To Go

1 Onion Rings	8.00
Food	8.00
Tax	0.77
Total	8.77

Tip: \_\_\_\_\_

Total: \_\_\_\_\_

Room #: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you for joining us today.

Welcome  
from the staff  
at  
The Corn Crib

00008560542

Descr.	qty	amount
<CUSTOMER COPY>		
T KITCHEN	1	3.99
T CHEEZE CURDS	1	3.79
T FOUNTAIN 24OZ	1	1.59
		-----
	Sub Total	3.37
	Tax	0.66
	<b>TOTAL</b>	<b>10.03</b>
	DEBIT \$	10.03

VISA DEBIT \$10.03

Payment from Primary Account

Acct/Card #: XXXXXXXXXXXX0583

Auth #: 526601

Ref: 01317039

Resp Code: 000

Stan: 0757415541

Trace #: 00001690

SITE ID: 8560542

CUSTOMER COPY

THANKS, COME AGAIN

REG# 0001 CSH# 006 DR# 01 TRANK 10187

10/17/13 13:42:40

ST# 1



 **Hilton  
Garden Inn**  
Omaha Downtown/Old Market Area

1005 Dodge Street • Omaha, NE 68102  
Phone (402) 341-4400 • Fax (402) 341-5200  
Reservations  
www.hiltongardeninn.com or 1 877 STAY HGI

Name & Address

Room 429/D2  
Arrival Date 10/14/2013 5:03:00PM  
Departure Date 10/17/2013

US

Adult/Child 2/0  
Room Rate

RATE PLAN LV5  
HH#  
AL  
BONUS AL CAR

Confirmation: 3537280583

10/17/2013 PAGE 1

T  
H  
A  
N  
K  
Y  
O  
U

DATE	REFERENCE	DESCRIPTION	AMOUNT
10/14/2013	2365046	PAVILION PANTRY	<del>\$3.74</del>
10/14/2013	2365046	SALES TAX-MISC	<del>\$0.26</del>
10/14/2013	2365162	PARKING	\$10.00
10/15/2013	2365633	PARKING	\$10.00
10/16/2013	2366149	PARKING	\$10.00
WILL BE SETTLED TO VS *0583 EFFECTIVE BALANCE OF			\$34.00
			\$0.00
ESTIMATED CURRENCY TOTAL			

**Zip-Out Check-Out<sup>®</sup>**

Good Morning! We hope you enjoyed your stay. With Zip-Out Check-Out<sup>®</sup> there is no need to stop at the Front Desk to check out.

- Please review this statement. It is a record of your charges as of late last evening.
- For any charges after your account was prepared, you may:
  - + pay at the time of purchase.
  - + charge purchases to your account, then stop by the Front Desk for an updated statement.
  - + or request an updated statement be mailed to you within two business days.

If the statement meets with your approval, simply press the Zip-Out Check-Out button on your guest room telephone. Your account will be automatically checked out and you may use this statement as your receipt. Feel free to leave your key(s) in the room. Please call the Front Desk if you wish to extend your stay or if you

DATE OF CHARGE	10/17/2013	CHECK NO.	494850
AUTHORIZATION		INITIAL	
PURCHASES & SERVICES			
TAXES			
TIPS & MISC.			
TOTAL AMOUNT	0.00		

PROJECT  
Harmony



Children's  
HOSPITAL & MEDICAL CENTER



The 10th Annual  
**PROTECT OUR CHILDREN**  
Conference  
October 15-17, 2013  
Hilton Omaha



**Purpose:** The 10<sup>th</sup> Annual Protect Our Children Midwest Area Conference, co-hosted by the United States Attorney's Office for the District of Nebraska, Project Harmony, and Children's Hospital & Medical Center, Omaha educates professionals and examines the multi-disciplinary collaboration and knowledge needed on the most current issues regarding crimes against children; child sexual/physical abuse, on-line enticement, and child pornography. Featured speakers are national and local trainers who are experts in these fields. This conference is an excellent opportunity for various disciplines to build partnerships with local, state, federal and non-profit agencies to benefit child victims through effective investigations, prosecution of offenders, medical care and victim advocacy services.

**Target Audience:** Victim and Child Advocates, Law Enforcement, Prosecutors, Judges, Physicians, Advanced Practitioners, Nurses, Social Workers, LMHP's, CPS, Juvenile Court Staff, CASA Workers.

## General Information

**Registration:** All registrations must be received no later than 9/27/2013.

**Registration Fee:** There is a \$75 registration fee to attend this year's conference. Check or Credit Card payments accepted. Questions regarding the registration process can be directed to: Shiri Tene at [stene@projectharmony.com](mailto:stene@projectharmony.com) or 402-595-1326. Federal Tax ID# for Project Harmony is: 47-0789054.

If paying by Credit Card, Register Here. Credit card information is accepted electronically during registration.

If paying by check, Register Here. Please make your checks payable to Project Harmony and mail to address below:

Project Harmony  
Attn: POC  
11949 "Q" Street  
Omaha, NE 68137

**Conference Location:** Hilton Omaha  
1001 Cass St.  
Omaha, NE 68102  
Ph: 402-998-3400

*Reviewed  
Approved.*  
*[Signature]*

**Hotel Accommodations:** Rooms will be available at the Hilton Omaha for the government rate of \$91 per night plus tax. Reservations can be made online through the Hilton Omaha website or you may contact the hotel directly at 402-998-3400 before 5:00p.m. on Sept. 13, 2013 in order to receive the government rate. Please mention the "Protect Our Children Conference" when making your reservation.

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Spencer  
 C.A.A.S.A.

Direct Deposit

Employee Pay Stub	Check number:	Pay Period: 10/05/2013 - 10/18/2013	Pay Date: 10/25/2013
Employee		SSN	Status (Fed/State)
			Allowances/Extra

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary			1,192.31	24,615.36
Cell Phone Stipend		25.00	25.00	75.00
Health Insurance Stipend				184.62
	0.00		1,217.31	24,874.98
Deductions From Gross			Current	YTD Amount
Simple IRA Emp.			-36.52	-487.81
Cafeteria Flex Child Care			-115.38	-2,269.14
Cafeteria Flex/med				-184.62
			-151.90	-2,941.57
Taxes			Current	YTD Amount
Medicare Employee Addl Tax			0.00	0.00
Federal Withholding			-78.00	-1,512.00
Social Security Employee			-68.32	-1,390.12
Medicare Employee			-15.98	-325.11
IA - Income Tax			-44.00	-879.00
			-206.30	-4,105.23
Adjustments to Net Pay			Current	YTD Amount
Employee Reimbursement			307.06	2,210.62
Net Pay			1,166.17	20,037.80

Direct Deposit	Amount
	1,166.17
Non-taxable Company Items	
	Current YTD Amount
Simple IRA Co. Match	36.52 487.81
Flex Plan stipend	92.31 553.86
Memo	
Direct Deposit	

10090 SA 1192.31

# EXPENSE CLAIM FORM

Name: \_\_\_\_\_

Pay Period: 9-21-13 to 10-4-13

Mileage			
# of business miles	186	\$0.45/mile	\$ 83.70

Travel Meals			
Date	Item Purchased	Amount	Initials

Supplies			
Date	Item Purchased	Amount	Initials

Postage			
Date	Item Purchased	Amount	Initials

Mileage forms and receipts **MUST** be attached to process th

Total Expense Claim:           \$           83.70

for admin use only:	
5160.03	03
acct	class

83.70

# MILEAGE CLAIM FORM

Pay Period: 9-21-13 to 10-4-13

Name:

Date	Destination	Purpose of Travel	# of miles
9/30/13	storm lake to sac county	introduce skyla, distribute info	70
10/1/2013	sioux rapids	purple out	40
10/3/2013	spencer	staff meeting	76

**TOTAL MILES: 186**

Comments or Special Notations:

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub	Check number:	Pay Period: 09/21/2013 - 10/04/2013	Pay Date: 10/11/2013
Employee	SSN	Status (Fed/State)	Allowances/Extra
<b>Earnings and Hours</b>	Qty	Rate	Current YTD Amount
Salary			1,307.69 25,738.51
Health Insurance Stipend			184.62
Cell Phone Stipend			50.00
	0.00		1,307.69 25,973.13
<b>Deductions From Gross</b>			Current YTD Amount
Cafeteria Flex Child Care			-34.61 -760.73
Simple IRA Emp.			-39.23 -779.21
Cafeteria Flex/med			-9.62 -298.10
Cafeteria Flex-Health Ins			-184.62
			-83.46 -2,042.66
			Current YTD Amount
<b>Taxes</b>			0.00 0.00
Medicare Employee Addl Tax			-131.00 -2,496.00
Federal Withholding			-78.33 -1,532.00
Social Security Employee			-18.32 -358.29
Medicare Employee			-49.00 -935.00
IA - Income Tax			-276.65 -5,321.29
			Current YTD Amount
<b>Adjustments to Net Pay</b>			83.70 1,345.76
Employee Reimbursement			
<b>Net Pay</b>			1,031.28 19,954.94

Direct Deposit	Amount
	1,031.28
<b>Non-taxable Company Items</b>	Current YTD Amount
Simple IRA Co. Match	39.23 779.21
Flex Plan stipend	92.31 461.55
<b>Memo</b>	
Direct Deposit	

9070 SA 1176.92  
 1070 ISP 130.77

# EXPENSE CLAIM FORM

Pay Period: 10/5 - 10/18

Name: \_\_\_\_\_

Mileage			
# of business miles	312	\$0.45/mile	\$ 140.40

Travel Meals			
Date	Item Purchased	Amount	Initials

Supplies			
Date	Item Purchased	Amount	Initials

Postage			
Date	Item Purchased	Amount	Initials

Mileage forms and receipts **MUST** be attached to process the claim.

Total Expense Claim:     \$                     140.40

for admin use only:	
5160-03	03
acct	class

# MILEAGE CLAIM FORM

Name:

Pay Period: 10/5 - 10/18

Date	Destination	Purpose of Travel	# of miles
10/7/13	stor lake	client	5
10/9/2013	early	client	33
10/10/2013	sioux center	regional meeting	156
10/15/2013	spencer	computer/meet with jacqui	76
10/16/2013	sioux rapids	klassy fundraiser	42

**TOTAL MILES: 312**

Total miles should match what is on time sheet

Comments or Special Notations:



Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub		Check number:		Pay Period: 10/05/2013 - 10/18/2013	Pay Date: 10/25/2013	
Employee				SSN	Status (Fed/State)	Allowances/Extra
<b>Earnings and Hours</b>	Qty	Rate	Current	YTD Amount	<b>Direct Deposit</b>	<b>Amount</b>
Salary			1,307.69	27,046.20		1,104.32
Cell Phone Stipend		25.00	25.00	75.00		
Health Insurance Stipend				184.62		
	0.00		1,332.69	27,305.82	<b>Non-taxable Company Items</b>	<b>Current YTD Amount</b>
<b>Deductions From Gross</b>			<b>Current</b>	<b>YTD Amount</b>	Simple IRA Co. Match	39.98 819.19
Cafeteria Flex Child Care			-34.61	-815.34	Flex Plan stipend	92.31 553.66
Simple IRA Emp.			-39.98	-819.19	<b>Memo</b>	
Cafeteria Flex/med			-9.62	-307.72	Direct Deposit	
Cafeteria Flex-Health Ins				-184.62		
			-84.21	-2,126.67		
<b>Taxes</b>			<b>Current</b>	<b>YTD Amount</b>		
Medicare Employee Addl Tax			0.00	0.00		
Federal Withholding			-135.00	-2,631.00		
Social Security Employee			-79.88	-1,611.88		
Medicare Employee			-18.68	-376.97		
IA - Income Tax			-51.00	-986.00		
			-284.56	-5,605.85		
<b>Adjustments to Net Pay</b>			<b>Current</b>	<b>YTD Amount</b>		
Employee Reimbursement			140.40	1,486.16		
<b>Net Pay</b>			<b>1,104.32</b>	<b>21,059.26</b>		

9070 SA 1176.92  
 1070 ISP 130.77

# EXPENSE CLAIM FORM

Name:

Pay Period: 9/21 to 10/4

Mileage			
# of business miles	80	\$0.45/mile	\$ 36.00

Travel Meals			
Date	Item Purchased	Amount	Initials

Supplies			
Date	Item Purchased	Amount	Initials
10/4/2013	labels	34.23	JAK

Postage			
Date	Item Purchased	Amount	Initials

Mileage forms and receipts **MUST** be attached to process th

Total Expense Claim:           \$           70.23

34.23

5080.02           03

for admin use only:	
5160.05	03
acct	class

36.00

# MILEAGE CLAIM FORM

Name: .....

Pay Period: 9/21 to 10/4 .....

Date	Destination	Purpose of Travel	# of miles
9/27/13	To/From Sioux Rapids	Training	30
10/1/2013	To/From Cherokee	staffing	50

**TOTAL MILES: 80**

Comments or Special Notations:

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub      Check number:      Pay Period: 09/21/2013 - 10/04/2013      Pay Date: 10/11/2013  
 Employee      SSN      Status (Fed/State)      Allowances/Extra

Earnings and Hours	Qty	Rate	Current	YTD Amount	Direct Deposit	Amount
Salary			1,423.08	28,000.00		1,206.44
Health Insurance Stipend				184.62		
Cell Phone Stipend	0.00		1,423.08	28,234.62		
				Current	YTD Amount	
Deductions From Gross				-42.69	-846.87	
Simple IRA Emp.				-23.08	-1,692.28	
Cafeteria Flex/med				-65.77	-2,539.25	
				Current	YTD Amount	
Faxes				0.00	0.00	
Medicare Employee Addl Tax				-61.00	-887.00	
Federal Withholding				-86.80	-1,645.65	
Social Security Employee				-20.30	-384.65	
Medicare Employee				-51.00	-903.00	
A - Income Tax				-219.10	-3,820.49	
				Current	YTD Amount	
Adjustments to Net Pay				70.23	930.93	
Employee Reimbursement						
Net Pay				1,208.44	22,805.81	

Non-taxable Company Items	Current	YTD Amount
Simple IRA Co. Match	42.69	846.97
Flex Plan stipend	92.31	461.55
Memo		
Direct Deposit		

10070 ISP 142.31  
 40070 SA 569.23  
 40070 Voca 569.23  
 10070 other 142.31

# EXPENSE CLAIM FORM

Pay Period: 10/5 - 10/18

Name:

Mileage			
# of business miles	192	\$0.45/mile	\$ 86.40

Travel Meals			
Date	Item Purchased	Amount	Initials

Supplies			
Date	Item Purchased	Amount	Initials

Postage			
Date	Item Purchased	Amount	Initials

Mileage forms and receipts **MUST** be attached to process the claim.

Total Expense Claim:     \$                     86.40

for admin use only:	
5160.05	03
acct:	class

# MILEAGE CLAIM FORM

Pay Period: 10/5 - 10/18

Name:

Date	Destination	Purpose of Travel	# of miles
10/7/13	From Spencer to Cherokee then home	cover the store	71
10/12/2013	from Spencer to St. Lake to home	On Call Clients	68
10/13/2013	Spencer area	On Call Clients	5
10/18/2013	to/from Cherokee	work with Sophie/ stop @ store	48

**TOTAL MILES:**

**192**

Total miles should match what is on time sheet

Comments or Special Notations:

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub	Check number:	Pay Period: 10/05/2013 - 10/18/2013	Pay Date: 10/25/2013
Employee		SSN	Status (Fed/State) Allowances/Extra
<b>Earnings and Hours</b>	Qty	Rate	Current YTD Amount
Salary		25.00	1,423.08 29,423.08
Cell Phone Stipend			75.00
Health Insurance Stipend			184.62
	0.00		1,448.08 29,682.70
<b>Deductions From Gross</b>			Current YTD Amount
Simple IRA Emp.			-43.44 -890.41
Cafeteria Flex/med			-23.08 -1,715.36
			-66.52 -2,605.77
<b>Taxes</b>			Current YTD Amount
Medicare Employee Addl Tax			0.00 0.00
Federal Withholding			-65.00 -952.00
Social Security Employee			-88.35 -1,733.98
Medicare Employee			-20.67 -405.53
IA - Income Tax			-52.00 -955.00
			-226.02 -4,046.51
<b>Adjustments to Net Pay</b>			Current YTD Amount
Employee Reimbursement			86.40 1,017.33
<b>Net Pay</b>			1,241.94 24,047.75

Direct Deposit	Amount
	1,241.94
<b>Non-taxable Company Items</b>	Current YTD Amount
Simple IRA Co. Match	43.44 890.41
Flex Plan stipend	92.31 553.86
<b>Memo</b>	
Direct Deposit	

10% ISP - 142.31  
 40% SA - 569.23  
 40% LACA - 569.23  
 10% other - 142.31

# EXPENSE CLAIM FORM

9/21-10/4/13

<b>Mileage</b>			
# of business miles	579	\$0.45/mile	\$260.55

Travel Meals Date	Item Purchased	Amount	Initials

Supplies Date	Item Purchased	Amount	Initials

Postage Date	Item Purchased	Amount	Initials

Mileage forms and receipts **MUST** be attached to process this

Total Expense Claim:      \$ 260.55

for admin use only:	
5160-10	03
acct	class

260.55



# MILEAGE CLAIM FORM

9/21-10/4/13

Date	Destination	Purpose of Travel	# of miles
9/25/13	Alta	Counseling	12
9/26/2013	Schaller arthur odebolt LV	D2L info to churches	77
9/26/2013	Spencer rt	Training	76
9/27/2013	Spencer	Interview paper.D2L info to churches	76
9/30/2013	Alta RT	Counseling	12
9/30/2013	Des moines RT	Fly to Richmond for training	326

**TOTAL MILES: 579**

Comments or Special Notations:

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Pay Period: 09/21/2013 - 10/04/2013

Pay Date: 10/11/2013

Employee Pay Stub	Check number:	SSN	Status (Fed/State)	Allowances/Extra
Employee				

Earnings and Hours	Qty	Rate	Current	YTD Amount	Direct Deposit	Amount
Salary			1,307.69	25,576.95		1,307.20
Health Insurance Stipend				184.62		
Cell Phone Stipend				50.00		
	0.00		1,307.69	25,811.57		
			Current	YTD Amount		
<b>Deductions From Gross</b>						
Health Insurance (pre-tax)				174.22		
Cafeteria Flex/med				-1,046.04		
				-871.82		
			Current	YTD Amount		
<b>Taxes</b>						
Medicare Employee Addl Tax			0.00	0.00		
Federal Withholding			-114.00	-806.00		
Social Security Employee			-81.07	-1,546.26		
Medicare Employee			-18.97	-361.63		
IA - Income Tax			-47.00	-944.00		
			-261.04	-3,657.89		
			Current	YTD Amount		
<b>Adjustments to Net Pay</b>						
Employee Reimbursement			260.55	2,583.14		
			1,307.20	23,865.00		
Net Pay						

Non-taxable Company Items	Current	YTD Amount
Flex Plan stipend	92.31	461.55

Memo
Direct Deposit

ICAPP 53<sup>070</sup> (sent PCN)  
 Dickinson - 67.04  
 Cherokee-Ida - 454.86  
 Clay 88.31  
 SAC 84.26  
 SA 47<sup>070</sup> 612.52

# EXPENSE CLAIM FORM

Pay Period: 10/5 - 10/18

Name \_\_\_\_\_

Mileage			
# of business miles	594	\$0.45/mile	\$ 267.30

Travel Meals			
Date	Item Purchased	Amount	Initials

Supplies			
Date	Item Purchased	Amount	Initials

Postage			
Date	Item Purchased	Amount	Initials

Mileage forms and receipts **MUST** be attached to process the claim.

Total Expense Claim:     \$                     267.30

for admin use only:	
5160.10	03
acct	class

# MILEAGE CLAIM FORM

Pay Period: 10/5 - 10/18

Name:

Date	Destination	Purpose of Travel	# of miles
10/9/13	Ida Grove RT	Counseling	70
10/11/2013	Newell RT	counseling	22
10/12/2013	Sac city Rt	Wellness Fair (PCA)	50
10/13 to 10/14	Des Moines RT	Aces Summit	280
10/16/2013	Spirit Lake Rt	presenting D2L info	118
10/17/2013	Meridan Rt	D2L presentations	54

**TOTAL MILES: 594**

Total miles should match what is on time sheet

Comments or Special Notations:

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub      Check number:      Pay Period: 10/05/2013 - 10/18/2013      Pay Date: 10/25/2013

Employee      SSN      Status (Fed/State)      Allowances/Extra

Earnings and Hours	Qty	Rate	Current	YTD Amount
Salary		25.00	1,307.69	26,884.64
Cell Phone Stipend			25.00	75.00
Health Insurance Stipend				184.62
	0.00		1,332.69	27,144.26
			Current	YTD Amount
<b>Deductions From Gross</b>				
Health Insurance (pre-tax)				174.22
Cafeteria Flex/med				-1,046.04
				-871.82
			Current	YTD Amount
<b>Taxes</b>				
Medicare Employee Addl Tax			0.00	0.00
Federal Withholding			-118.00	-924.00
Social Security Employee			-82.63	-1,628.89
Medicare Employee			-19.32	-380.95
IA - Income Tax			-48.00	-992.00
			-267.95	-3,925.84
			Current	YTD Amount
<b>Adjustments to Net Pay</b>				
Employee Reimbursement			267.30	2,850.44
			1,332.04	25,197.04
			Current	YTD Amount
Net Pay				

Direct Deposit	Amount
	1,332.04
<b>Non-taxable Company Items</b>	
Flex Plan stipend	92.31
	553.86
<b>Memo</b>	
Direct Deposit	

ICAPP  
 5390  
 Dickinson - 67.04  
 Chewke-Ida - 454.86  
 Clay - 88.31  
 Sac - 84.96  
 SA 4790 612.52

# EXPENSE CLAIM FORM

Pay Period:

Name:

<b>Mileage</b>			
# of business miles	368	\$0.45/mile	\$ 165.60

Travel Meals Date	Item Purchased	Amount	Initials

Supplies Date	Item Purchased	Amount	Initials

Postage Date	Item Purchased	Amount	Initials

Mileage forms and receipts **MUST** be attached to process th

Total Expense Claim:      \$ 165.60

for admin use only:	
5160.02	03
acct	class

# MILEAGE CLAIM FORM

Name:

Pay Period:

Date	Destination	Purpose of Travel	# of miles
9/24/13	Storm Lake	Shadowing Jenny	84
9/27/2013	Spencer	Shadowed	100
10/1/2013	Storm Lake	Outreach with Jenny	84
10/3/2013	Spencer	Staff Meeting	100

**TOTAL MILES: 368**

Comments or Special Notations:

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub      Check number:      Pay Period: 09/21/2013 - 10/04/2013      Pay Date: 10/11/2013  
 Employee      SSN      Status (Fed/State)      Allowances/Extra

Earnings and Hours	Qty	Rate	Current	YTD Amount	Direct Deposit	Amount
Salary			1,153.85	1,784.73		999.66
<b>Deductions From Gross</b>					<b>Non-taxable Company Items</b>	
Cafeteria Flex Child Care			-150.00	-150.00	Flex Plan stipend	92.31
<b>Taxes</b>					<b>Memo</b>	
Federal Withholding			-53.00	-69.00	Direct Deposit	
Social Security Employee			-62.24	-101.35		
Medicare Employee			-14.55	-23.70		
IA - Income Tax			-40.00	-59.00		
<b>Adjustments to Net Pay</b>						
Employee Reimbursement			-169.79	-253.05		
			165.60	358.84		
<b>Net Pay</b>			<b>999.66</b>	<b>1,740.52</b>		

10090 Voca 1153.85





10849

CAASA  
EXECUTIVE DIRECTOR  
Account Number

Statement Closing Date:  
October 13, 2013

Transactions... Continued					
Trans Date	Post Date	MCC Code	Reference Number	Description	Amount
09/25	09/26	8398	24755423268262686031547	PROJECT HARMONY 402-5951326 NE	150.00
09/25	09/26	9402	24164073268418200664306	USPS 18841508331206069	97.70
10/08	10/10	7011	24761973282206188000136	SPENCER IA STONEY CREEK-DES MOINE	188.16 ✓
10/08	10/10	7011	24761973282206188000151	JOHNSTON IA STONEY CREEK-DES MOINE	188.16 ✓
10/08	10/10	7011	24498133282980029513348	JOHNSTON IA BUDGET INN MOTEL	48.16 ✓
09/30	09/30	0000	74121263273001710222499	Payments, Adjustments and Others PAYMENT - THANK YOU	1,252.50 -
TOTAL PAYMENTS OR ADJUSTMENTS					\$ 1,252.50 -
2013 Totals Year To Date					
Total Fees Charged in 2013					
Total Interest Charged in 2013					

ScoreCard Bonus Points Information as of 10/12/13					
Beginning Balance	Points Earned	Points Adjusted	Points Redeemed	Ending Balance	
30,632	915	0	0	31,547	

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Interest Charge Calculation/Plan Level Information						
Plan Description	ICM <sup>1</sup>	Balance Subject to Interest Rate	Periodic Rate	Annual Percentage Rate (APR) <sup>2</sup>	Interest Charge	Ending Balance
CURRENT	G	\$ 0.00			\$ 0.00	
PURCHASES	F	\$ 0.00			\$ 0.00	
CASH					\$ 0.00	
FEES/INTEREST CHARGE					\$ 0.00	
TOTAL						

<sup>1</sup> ICM Interest Charge Method: See reverse side of Page 1 for explanation.  
<sup>2</sup> Your Annual Percentage Rate (APR) is the annual interest rate on your account.  
 (V) = Variable Rate. If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.

Handwritten notes and calculations:

- 5180 03 188.16
- 376.32 75.00
- 20 ✓ 5150 03
- 5180
- 15.00
- 48.16 ✓
- 5240 19 ✓
- 20
- 5800.01
- 97.70
- 40.00
- 03
- 5090.02
- 75.00
- 5150
- 19 ✓



CAASA  
EXECUTIVE DIRECTOR  
Account Number

Statement Closing Date:  
October 13, 2013

Summary of Account Activity		
Previous Balance		\$ 1,252.50
Payments	-	1,252.50
Other Credits	-	0.00
Other Debits	+	0.00
Purchases	+	915.34
Cash Advances	+	0.00
Fees Charged	+	0.00
Interest Charged	+	0.00
<b>NEW BALANCE</b>		<b>\$ 915.34</b>
Credit Limit		
Available Credit		
Available Cash		
Amount Disputed		
Statement Closing Date	10/13/13	
Days in Billing Cycle	31	

Payment Information	
New Balance	\$ 915.34
Total Minimum Payment Due	\$915.34
Payment Due Date	11/07/13

**Contact Information**

Customer Service: (727) 570-4899  
Report Lost or Stolen Card: (727) 570-4881  
After Hours: (866) 604-0381

Please send Billing Inquiries and Correspondence to:  
CUSTOMER SERVICE PO BOX 30495 TAMPA, FL 33630

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[www.MyCardStatement.com](http://www.MyCardStatement.com)

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VISA PO BOX 4512 CAROL STREAM IL 60197-4512

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Card

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31,547

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Transactions					Amount
Trans Date	Post Date	MCC Code	Reference Number	Description	
09/13	09/15	9399	24717053256162562935884	IA CRIMINAL RECORD CHECKS 515-7256070 IA	\$ 15.00
09/14	09/15	7399	24493983257026715007841	EB *ACES SUMMIT EVENTBRITE.CO CA	40.00
09/19	09/22	7011	24761973263206188000493	STONEY CREEK-DES MOINE JOHNSTON IA	188.16

NOTICE: CONTINUED ON PAGE 3  
Page 1 of 2

CAASA

VISA

10/22/2013

202

188.16  
15.00  
40.00  
376.32  
48.16  
97.70  
75.00  
75.00



Stoney Creek Inn - Des Moines

Room No. : 125  
 Arrival : 09-17-13  
 Departure : 09-19-13  
 Folio No. : 129127  
 Conf. No. : 7467918  
 Cashier : 613

Date	Description		Charges	Credits
			84.00	
09-17-13	Government Rate		5.88	
09-17-13	Hotel/Motel Tax		4.20	
09-17-13	State Sales Tax		84.00	
09-18-13	Government Rate		5.88	
09-18-13	Hotel/Motel Tax		4.20	
09-18-13	State Sales Tax	XXXXXXXXXXXX8734		188.16
09-19-13	Visa	XX/XX		
<b>Total Charges</b>			<b>188.16</b>	
<b>Total Credits</b>				<b>188.16</b>
<b>Balance</b>				<b>0.00</b>
				<b>USD</b>

Signature: \_\_\_\_\_

I authorize Stoney Creek Inn to charge my credit card in the manner indicated above

**Director**

---

**From:** Kristi <kristin@caasaonline.org>  
**Sent:** Friday, October 11, 2013 8:11 AM  
**To:** Director  
**Subject:** FW: Order Confirmation for ACEs Summit  
**Attachments:** 7819956701-204019007-tickets.pdf; \_Certification\_.htm

Here is the receipt for the ACE's training in Des Moines. Can't remember if I emailed you this already.

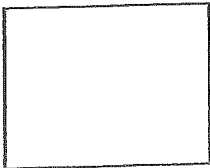
---

**From:** Central Iowa ACEs Steering Committee [mailto:orders@eventbrite.com]  
**Sent:** Friday, September 13, 2013 2:39 PM  
**To:** kristin@caasaonline.org  
**Subject:** Order Confirmation for ACEs Summit

Your order for ACEs  
Summit is complete!

Monday, October 14, 2013 from  
9:00 AM to 4:30 PM (CDT)

ACEs Summit  
**Sheraton West Des Moines**  
1800 50th St  
West Des Moines, IA 50266

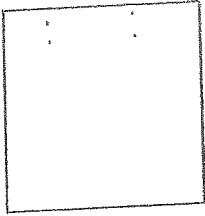


Your tickets are attached to this email or download them here. Please print and bring them to the event.

Or get the mobile app to access tickets on your phone.

Questions about the event? Contact  
nbeaman@unitedwaydm.org






# Your Receipt

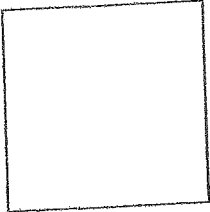
Sep 13, 2013

Order #: 7819956701-204019007

Attendee	Type	Quantity	Paid
	ACEs Summit	1	\$40.00
<b>TOTAL</b>			\$40.00

Charged to: Visa  
The charge on your credit card will be from EB \*ACEs Summit

This order is subject to Eventbrite Terms of Service

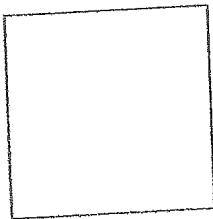


Share this event with your friends!

Having problems viewing your tickets?  
Download Adobe Acrobat Reader

## Event info on the go.

Access your tickets and more with the Eventbrite app.



Eventbrite | 651 Brannan St. Suite 110 | San Francisco, CA 94107

Contact Name

Address

Email

Organization Centers Against Abuse and Sexual Assault

Title Sexual Abuse Advocate

Number of Attendees Being Registered 2

Attendee #1

Attendee #2

Amount Due 150.00

Credit Card Type Visa

Credit Card

Expiration Date Mar 2014

Card Verification Code \*\*\*

Name as it appears on the credit card CAASA Executive Director

Billing Address P.O. Box 996  
Spencer, IA 51301

Phone (712) 262-4612

*Handwritten initials*

- 75.00

5150

03

- 75.00

- 5150

19

# Invoice

Invoice Number: 3110

Invoice Date: Oct 10, 2013

Page: 1

Cherokee MHI.  
1251 West Cedar Loop.  
Cherokee, IA 51012

Voice: 712-225-2594  
Fax: 712-225-6959

283.18

5000 - 03

Sold To:  
CAASA  
P.O. Box 996  
Spencer, IA 51301

Customer ID: CAASA

Customer PO	Payment Terms	Due Date	Sales Rep ID
	Net 30 Days	11/9/13	

Quantity	Item	Description	Unit Price	Extension
		September 2013 Contract Services		
4.50	Maintenance-labor	Repair & Maintenance	32.00	144.00
		Service-labor charges		
1.19	Maintenance-mater	Repair & Maintenance-materials	1.10	1.31
1.00	Utilities-m	Utilities - monthly	132.87	132.87
1.00	Phone	Phone Monthly Service Fee	5.00	5.00
				2021

CAASA

Cherokee Mental Health Institute

10/14/2013

283.18

*Handwritten signature*

General - Farmers Ba INV # 3110

283.18

PRODUCT CUTTERS USE WITH 91685 ENVELOPE

TOTAL

283.18

Invoice

Today's Date: 10-21-13

Remit to:

Please deposit in ACCT

c/o Security Trust and Savings Bank  
601 Lake Ave.  
Storm Lake, Iowa 50588

5020 - 3

Rent Due: \$550.00

For Month of: NOV 2013

CAASA

10/14/2013

2021

550.00

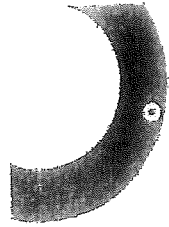
General - Farmers Ba Nov rent

550.00



Mail Remittance To

Iowa Office Supply, Inc  
 an Office Elements Company  
 P.O. Box 3320  
 Sioux City, IA 51102-3320  
 Please call with any questions: (800)728-8025  
 or call (712)258-1213



OFFICE ELEMENTS

INVOICE

INVOICE NO. CNIN272013	TERMS PAY UPON RECEIPT
---------------------------	---------------------------

SHIP VIA: BESTWAY

SOLD TO: 105406  
 CAASA

SHIP TO: 105406  
 CAASA

ORDER NO.	SALES ORDER NO.	CUSTOMER P.O. OR REF #	SALES REP	INVOICE DATE	DUE DATE
1779432			STAR LEASING	10/1/2013	10/2/2013

ORD	SHIP	B.O.	U/M	DESCRIPTION	ITEM NUMBER	UNIT PRICE	AMOUNT
1	1	0	ea	* Lease Contract No. 12416 Billing Period from 10/1/2013 through 10/31/2013 COLOR COPIER 20PPM, SAVIN Serial: V9735100853L Machine id: 17483 **** CAASA **** 305 WEST 6TH STREET **** PO BOX 996 **** SPENCER, IA 51301	C9120	363.150000	363.15
1	1	0	ea	COLOR COPIER 20PPM, SAVIN Serial: V9735100860L Machine id: 17482	C9120	0.000000	0.00
1	1	0	ea	COLOR COPIER, SAVIN Serial: V2405500247L	C9025	0.000000	0.00
1	1	0	ea	COLOR COPIER 20PPM, SAVIN Serial: V9715601262L Machine id: 17120	C9120	0.000000	0.00

5140 03

Iowa Office Supply,  
 IOS Office Solutions,  
 and General Business Interiors  
 have joined forces to become...  
**OFFICE ELEMENTS**

Same small-company service, now with big-company support.

SUBTOTAL	363.15
FREIGHT/FUEL SURCHARGE	0.00
SALES TAX	25.42

Please Pay This Amount 388.57

All accounts are due 30 days from date of invoice. 1 1/2% per month, 18% per annum will be added to all past due invoices. \$20.00 Service Charge will be added to all returned

Thank You For Your Business

CAASA

Office Elements

10/8/2013

20210

388.57

General - Farmers Ba INV # CNIN272013

388.57

PRODUCT DLT103 USE WITH 91663 ENVELOPE





PO BOX 6001  
RAPID CITY SD 57709-6001

Account Number  
Service For: DOMESTIC VIOLENCE COUNCIL  
Billing Date: Sep 25, 2013

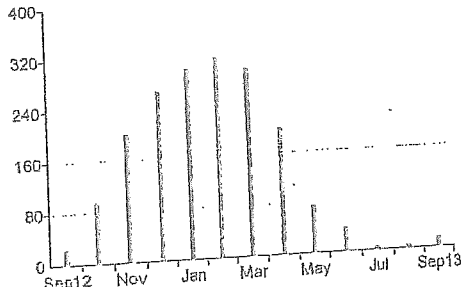


Current Month Charges - Due 10/15/13	29.03
Automatic Bank Transfer on 10/15/13	\$29.03
<b>DO NOT SEND PAYMENT</b>	

Customer Service: 1-888-890-5554 | 24-Hour Emergency: 1-800-694-8989 | Email: [custserv@blackhillscorp.com](mailto:custserv@blackhillscorp.com) | [www.blackhillsenergy.com](http://www.blackhillsenergy.com)

Your gas use at a glance (in Therms)

Meter BHE217320



	Days	Therms/Day	Cost/Day
This Month	33	.45	\$0.68
Last Month	28	.18	\$0.78
Last Year	34	.71	\$0.97

Your Account Summary (see following pages for details)

Previous Bill Total	\$21.93
Payments	THANK YOU 21.93 CR
Balance Forward	0.00
Current Month Charges:	
Gas Service	29.03
Total This Bill	\$29.03

If you smell natural gas, leave the premises immediately and call Black Hills Energy at 1-800-694-8989 or call 911.

A total of \$29.47 is due if full payment is not received by 10/15/2013.

Black Hills Cares helps eligible customers meet energy needs through voluntary tax-deductible donations. To give, please mark your payment stub with the monthly amount you wish to be billed or donate when it's convenient for you. BHE matches your donation. Visit our website to learn more.

5040.04 03

Handwritten: 29.30

< Detach here and return the bottom portion with your payment >

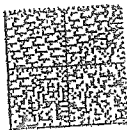


PO BOX 6001  
RAPID CITY SD 57709-6001

00826



CAASA  
PO BOX 996  
SPENCER IA 51301-0996



Current Month Charges - Due 10/15/13	29.03
Automatic Bank Transfer on 10/15/13	\$29.03
<b>DO NOT SEND PAYMENT</b>	
<b>ENTER AMOUNT ENCLOSED:</b>	

For Black Hills Cares enrollment, select a monthly donation to be included in future bills or a one-time donation included with this payment:

\$5 \$10 \$20 Other \$ One-time \$



Save money.



Save time.



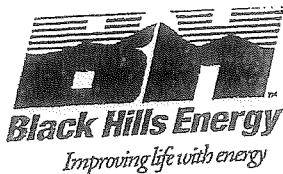
Save paper.

Use eBill for convenient, secure, paperless billing and online payment  
Sign up online today!

[www.blackhillsenergy.com](http://www.blackhillsenergy.com)

BLACK HILLS ENERGY  
PO BOX 6001  
RAPID CITY SD 57709-6001

000000002947000000029034303



PO BOX 6001  
RAPID CITY SD 57709-6001

Service For: DOMESTIC ABUSE COUNCIL  
Billing Date: Oct 07, 2013

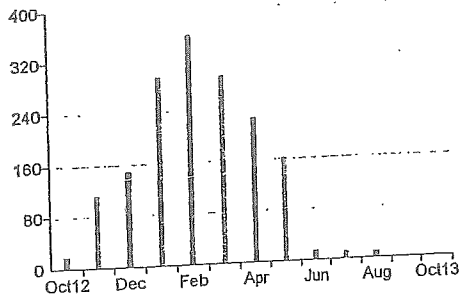


Current Month Charges - Due 10/28/13	31.70
Automatic Bank Transfer on 10/28/13	\$31.70
<b>DO NOT SEND PAYMENT</b>	

Customer Service: 1-888-890-5554 | 24-Hour Emergency: 1-800-694-8989 | Email: [custserv@blackhillscorp.com](mailto:custserv@blackhillscorp.com) | [www.blackhillsenergy.com](http://www.blackhillsenergy.com)

Your gas use at a glance (in Therms)

Meter NGM281907



	Days	Therms/Day	Cost/Day
This Month	30	.03	\$1.06
Last Month	30	.00	\$1.03
Last Year	29	.62	\$1.42

Your Account Summary (see following pages for details)

Previous Bill Total	\$31.03
Payments	31.03 CR
Balance Forward	0.00
<b>Current Month Charges:</b>	
Gas Service	31.70
<b>Total This Bill</b>	<b>\$31.70</b>

If you smell natural gas, leave the premises immediately and call Black Hills Energy at 1-800-694-8989 or call 911.

A total of \$32.18 is due if full payment is not received by 10/28/2013.

Black Hills Cares helps eligible customers meet energy needs through voluntary tax-deductible donations. To give, please mark your payment stub with the monthly amount you wish to be billed or donate when it's convenient for you. BHE matches your donation. Visit our website to learn more.

5040.02 03

< Detach here and return the bottom portion with your payment >

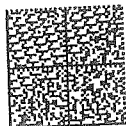


PO BOX 6001  
RAPID CITY SD 57709-6001

01296



CAASA  
PO BOX 996  
SPENCER IA 51301-0996



Current Month Charges - Due 10/28/13	31.70
Automatic Bank Transfer on 10/28/13	\$31.70
<b>DO NOT SEND PAYMENT</b>	
<b>ENTER AMOUNT ENCLOSED:</b>	

For Black Hills Cares enrollment, select a monthly donation to be included in future bills or a one-time donation included with this payment:

\_\_\_\_\_ \$5 \_\_\_\_\_ \$10 \_\_\_\_\_ \$20 Other \$ \_\_\_\_\_ One-time \$ \_\_\_\_\_



Use eBill for convenient, secure, paperless billing and online payments  
Sign up online today!

[www.blackhillsenergy.com](http://www.blackhillsenergy.com)



BLACK HILLS ENERGY  
PO BOX 6001  
RAPID CITY SD 57709-6001

0129677773500000003218000000031703303



Interstate Power and Light, an Alliant Energy Company

Questions? Call 1-800-265-4268 04100

NAME	CPDV	ACCOUNT NUMBER	
SERVICE		BILL DATE	10/15/2013 10
ADDRESS			

METER NUMBER	READING PERIOD FROM TO	NO. DAYS	METER READINGS CURRENT PREVIOUS	METER MULTIPLIER	THERM PER CCF	UNITS BILLED
40369612	09/10 10/10	30	6748 6495			248

Your Next Scheduled Read: 11/11/2013

Amount of Previous Bill  
Payment Received 10/02, Thank You!  
Balance Before This Bill

Actual \$93.48  
93.46CR  
\$.00

Electric Residential Service Rate Code 400  
 Meter 40369612 248 kWh / 30 Days = 8.267 kWh per Day  
 Winter 8.267 kWh X 24 Days X \$.08699 5.14  
 Summer 8.267 kWh X 6 Days X \$.10362 5.47  
 Energy Cost 248 kWh X \$.02204 5.81  
 Regional Transmission Service 8.267 kWh X 30 Days X \$.02842 10.35  
 Basic Service Charge \$.34520 X 30 Days .00  
 \$44.03 X Tax State % .44  
 \$44.03 X Tax Local 1% \$44.47  
 Current Charges This Meter \$44.47

Current Account Balance

Billing Period	Avg Temperature	Electric Use Per Day
This Month	63 F	8.267 kWh
Last Month	72 F	17.125 kWh
Last Year	53 F	11.896 kWh

Paying by check? To set up a free, one-time bank withdrawal call 1-800-255-4268 or visit [alliantenergy.com/payonline](http://alliantenergy.com/payonline).  
 Paying by credit card? Use SpeedPay with Visa, MasterCard, American Express or Discover. There is a \$4.50 convenience fee per \$600 payment.  
 Call 1-877-429-4126 or visit [www.alliantenergy.com/speedpay](http://www.alliantenergy.com/speedpay) to make a payment.

\$40 - that's how much money just one energy-efficient compact fluorescent light bulb can save you over its lifetime. Instant in-store rebates on qualifying CFL and LED light bulbs can save you 50% on CFLs and \$10 on LED bulbs. So make the switch today! Find a participating store at [iowachangealight.com](http://iowachangealight.com) or call 1-800-399-6856.

5040.04 03

DEPOSIT ON FILE
\$0.00

AVERAGE DAILY COST (EXCLUDING SALES TAX)	AVERAGE UNIT COST (EXCLUDING SALES TAX)
Elec \$1.47	Elec \$.178

AMOUNT DUE NOW	\$44.47
ADD 1.5% AFTER NOVEMBER 4, 2013	
\$45.14 LATE PAYMENT AMOUNT	

PLEASE ALLOW FIVE BUSINESS DAYS FOR MAILING AND PROCESSING

DO NOT PAY

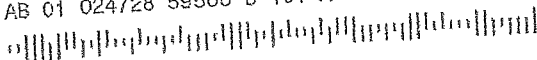
Auto Pay will deduct \$44.47 on NOVEMBER 4, 2013



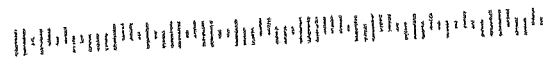
ACCOUNT NUMBER

AMOUNT ENCLOSED (IF DIFFERENT FROM ABOVE)

AB 01 024728 59505 B 101 A



CPDV  
PO BOX 996  
SPENCER IA 51301-0996



ALLIANT ENERGY  
PO BOX 3066  
CEDAR RAPIDS IA 52406-3066

024728 1/1



Interstate Power and Light, an Alliant Energy Company

Questions? Call 1-800-255-4268 04895

NAME CAASA	ACCOUNT NUMBER	BILL DATE 10/16/2013	10
SERVICE ADDRESS			

METER NUMBER	READING PERIOD		NO. DAYS	METER READINGS		METER MULTIPLIER	THERM PER CCF	UNITS BILLED
	FROM	TO		CURRENT	PREVIOUS			
94052741	09/12	10/15	33	1055	1055		1.016	0

Your Next Scheduled Read: 11/13/2013

Amount of Previous Bill  
Payment Received 10/03, Thank You!  
Balance Before This Bill

Actual \$19.94  
19.94 CR  
\$0.00

Gas General Service Firm  
Meter 94052741  
\*\* Minimum Bill \*\*

Rate Code 100  
0 Therms / 33 Days = 0.000 Therms per Day  
Basic Service Charge \$.98619 X 33 Days  
Cost Management Credit \$.38527- X 33 Days  
City Franchise Fee  
\$20.42 X Tax State 6%  
Current Charges This Meter

32.54  
12.71 CR  
1.59  
1.23  
\$21.65  
\$21.65

Current Account Balance

Billing Period	Avg Temperature	Gas Use Per Day
This Month	62 F	0.000 Therms
Last Month	72 F	0.000 Therms
Last Year	53 F	0.482 Therms

Paying by check? To set up a free, one-time bank withdrawal call 1-800-255-4268 or visit alliantenergy.com/payonline. Paying by credit card? Use SpeedPay with Visa, Mastercard, American Express or Discover. There is an \$11.95 convenience fee per \$2000 payment. Call 1-877-429-4126 or visit www.alliantenergy.com/speedpay to make a payment.

5040.01 03

DEPOSIT ON FILE
\$0.00

AVERAGE DAILY COST (EXCLUDING SALES TAX)	AVERAGE UNIT COST (EXCLUDING SALES TAX)
Gas \$.62	Gas \$.000

AMOUNT DUE NOW	\$21.65
ADD 1.5% AFTER NOVEMBER 5, 2013	
\$21.97 LATE PAYMENT AMOUNT	

DO NOT PAY

PLEASE ALLOW FIVE BUSINESS DAYS FOR MAILING AND PROCESSING

Auto Pay will deduct \$21.65 on NOVEMBER 5, 2013



ACCOUNT NUMBER  
96-45-118-6000-04

AMOUNT ENCLOSED (IF DIFFERENT FROM ABOVE)

AB 01 022691 60013 B 99 B



CAASA  
PO BOX 996  
SPENCER IA 51301-0996

ALLIANT ENERGY  
PO BOX 3066  
CEDAR RAPIDS IA 52406-3066

964511860000400002197000021652





CITY OF SPIRIT LAKE  
 1803 HILL AVENUE  
 SPIRIT LAKE, IA 51360  
 (712) 336-1871

# UTILITY BILL

**BILLING DATE** 9/27/2013      **SERVICE ADDRESS** 1803 HILL AVENUE SPIRIT LAKE, IA 51360      **SERVICE PERIOD**      **DUE DATE** 10/15/2013

**ACCOUNT NUMBER**  
**AMOUNT DUE**      **AUTO BANK PAYMENT**



COUNCIL FOR PREVENTION  
 PO BOX 996  
 DOMESTIC VIOLENCE  
 SPENCER IA 51301-0996

**AMOUNT PAID** \_\_\_\_\_  
 MAKE CHECK PAYABLE TO: CITY OF SPIRIT LAKE

5040.04 - 03

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT.  
 RETAIN THIS PORTION FOR YOUR RECORDS.

CITY OF SPIRIT LAKE  
 1803 HILL AVENUE SPIRIT LAKE, IA 51360

**SERVICE ADDRESS** 808 20TH ST.      **SERVICE PERIOD**      **ACCOUNT NUMBER** 005-0061-00-01

BILLING SUMMARY	
PREVIOUS BAL.	43.91
PAYMENTS	43.91
ADJUSTMENTS	
PENALTIES	
ARREARS	
CURRENT CHARGES	63.19
<b>TOTAL DUE</b>	<b>63.19</b>

Meter Reading dates  
 Period: 8/06/2013 To: 9/05/2013

SERVICE BILLED	CURRENT CHARGES	METER READINGS		TYPE	USAGE
		PREVIOUS	PRESENT		
WATER	20.45	1674	1710	H	3600
SEWER	8.24				3600
CUSTOMER CHARGE	12.48				
COMM. GARB.	15.90				
METER RENT	3.00				
TAX	3.12				
<b>CURRENT CHARGES</b>	<b>63.19</b>				

Automatic Bill Payment Withdrawn on 10/15/2013.

Statement Reflects Payments Received as of 9/27/2013

\*\*City Hall is now at 708 18th St. (Hwy. 9/71)  
 \*\*Find us on Facebook for announcements  
 \*\*Shop local and support your community businesses

**BILLING INQUIRIES CALL (712) 336-1871**





620 Erie Street, P.O. Box 1086  
Storm Lake, IA 50588



Account Number

Do Not Pay -- For Your Records Only	\$46.53
Amount withdrawn from bank on the 10th of the month	

1-40  
CENTERS AGAINST ABUSE & SEXUA  
PO BOX 996  
SPENCER, IA 51301

CITY OF STORM LAKE  
WATER DEPARTMENT  
P.O. BOX 1086  
STORM LAKE, IA 50588

KEEP FOR YOUR RECORDS

Account Number: 010769-000  
Service Address: 5000  
Service: From 07/30/2013  
To 08/20/2013

Storm Lake Water Department  
620 Erie Street P.O. Box 1086  
Storm Lake, IA 50588  
Phone: (712)732-8020  
Web Address: www.stormlake.org  
Office Hours: Monday - Friday  
8:00 a.m. - 5:00 p.m.

5040.01 03

Meter Readings				Charges	
Meter Number	Previous	Current	Usage (Cubic Feet)	Water	\$10.82
09391117	38660	38700	40	Sewer	\$17.45
				Landfill	\$12.00
				Storm Water	\$4.00
				Sales Tax	\$2.26
				Past Due	\$0.00
				AmDue	\$46.53

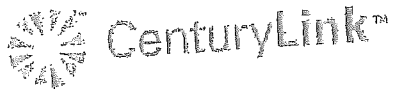
#Name?

Beginning Balance	Payments	Adjustments/Penalties	Other Charges/Credits	Past Due	Current Utility Charges
\$47.29	\$47.29	\$0.00	\$0.00	\$0.00	\$46.53

For your convenience payments may also be made at the HyVee Food Store service desk or put in the drive-up drop box in the City Hall parking lot (620 Erie Street).

**IMPORTANT**

Your bill is due and payable upon receipt. Accounts not paid by 3:00 PM on the 15th of each month are past due. A past due invoice will then be sent, which will include a 10% Admin Charge. If balance remains unpaid by the due date on the past due invoice, a tag fee will be applied to your account and a tag will be posted to your property. Please see notification as to when the water will be disconnected. An additional disconnect and reconnect fee may be required.



Visit centurylink.com

C\*A\*A\*S\*A

Bill Date:  
Account Number:

Oct 7 2013



Balance Forward	New Charges	Total Amount Due	Due Date for New Charges
\$ .03	\$208.12	\$208.12	Oct 30, 2013

Account Summary

Previous Balance  
Charges  
Payment  
Balance Forward  
New Charges  
Discounts & Adjustments  
CenturyLink  
Long Distance Service  
Total New Charges

Thank you for your payment

For questions, call:  
See Discount Summary for details  
1-800-603-6000  
1-800-603-6000

Page

2  
4

60.00

175.37  
175.37%  
\$.00

003773 1/6

30.00%  
225.51  
12.61  
\$208.12

148 36  
03

5120.01

\$208.12

TOTAL AMOUNT DUE

Business needs change regularly. As a valued business customer, we want to work with you to provide a complete and cost effective solution for your business.  
Call (888) 544-4495 today for a free account consultation with a dedicated business sales consultant.  
For billing or technical questions, please call (877) 453-9407.

CenturyLink, P O Box 91154, Seattle, WA 98111-9254

8

CAASA

CenturyLink

10/22/2013

202  
148.12  
60.00

General - Farmers Ba



Visit centurylink.com

C\*A\*A\*S\*A

Bill Date:  
Account Number:

Oct 22 2013

Balance Forward	New Charges	Total Amount Due	Due Date for New Charges
\$0.00	\$202.86	\$202.86	Nov 1, 2013

Account Summary

Previous Balance  
 Charges  
 Payment  
 Balance Forward  
 New Charges  
 CenturyLink  
 Long Distance Service  
 Total New Charges  
**TOTAL AMOUNT DUE**

Thank you for your payment

For questions, call:  
 1-800-603-6000  
 1-800-603-6000

Page  
 2  
 4

166.14  
 166.14%  
 \$.00

190.21  
 12.65  
 \$202.86  
 \$202.86

0036151/5

Business needs change regularly. As a valued business customer, we want to work with you to provide a complete and cost effective solution for your business.  
 Call (888) 544-4495 today for a free account consultation with a dedicated business sales consultant.  
 For billing or technical questions, please call (877) 453-9407.

CenturyLink, P O Box 91154, Seattle, WA 98111-9254

CAASA

CenturyLink

10/22/2013

2021

60.00  
 142.86

General - Farmers Ba Acct # 712-225-5003

202.86



CenturyLink™

Visit centurylink.com

5700.00

12  
Page 1 of 11



45

CAASA

Bill Date:  
Account Number:

Oct 4 2013

122.08

5110.04 14

Balance Forward	New Charges	Total Amount Due	Due Date for New Charges
\$0.00	\$167.28	\$167.28	Oct 28, 2013

Account Summary

Previous Balance		303.66
Charges		303.66%
Payment	Thank you for your payment	\$0.00
Balance Forward		
New Charges		30.00%
Discounts & Adjustments		183.62
CenturyLink		13.66
Long Distance Service		\$167.28
Total New Charges		\$167.28
<b>TOTAL AMOUNT DUE</b>		

For questions, call: Page  
 See Discount Summary for details 2  
 1-800-603-6000 4  
 1-800-603-6000

004115 1/6

Business needs change regularly. As a valued business customer, we want to work with you to provide a complete and cost effective solution for your business.  
 Call (888) 544-4495 today for a free account consultation with a dedicated business sales consultant.  
 For billing or technical questions, please call (877) 453-9407.

CenturyLink, P O Box 91154, Seattle, WA 98111-9254

CAASA

CenturyLink

10/14/2013

202  
45.00  
122.28

General - Farmers Ba Acct # 712-336-1255

167.28



Spencer Municipal Utilities  
712 N GRAND AVE  
Spencer IA 51301

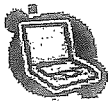
### Account Summary

#### Last Month

Balance from last statement	468.97
Payment Received 09/16/2013	468.97
<b>Thank You Balance</b>	<b>\$0.00</b>

#### This Month

Customer Charges	99.99
Telephone Charges	56.64
Long Distance Charges	60.66
Federal	2.79
State	9.54
Local Option	1.59
<b>Current Charges</b>	<b>\$231.21</b>
<b>Total Amount Due</b>	<b>\$231.21</b>



Visit us on the web  
[www.smunet.net](http://www.smunet.net)

For All Billing Inquiries, call 712-580-5800

Account Number:  
Account Name: CAASA  
Bill Date: October 01, 2013  
Due Date: 15th of Mnth

#### EXTENDED SUPPORT HOURS

We are here to answer your technical questions, billing or service inquiries by phone Monday - Friday from 8:00 am to 5:00 pm. We're also available on Saturdays from 9:00 am to 6:00 pm. As always, we are available 24 hours a day, 7 days a week for emergencies. Give us a call at 580-5800!

*Crisis Line 67.57*  
5110.02 12 ✓

5110.02 03 ✓ 74.59

5110.10 10 24.05

5120.02 03 65.00

*139.59*

\*\*\* DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT \*\*\*

0126 - SPENC

Spencer Municipal Utilities  
PO BOX 222  
Spencer IA 51301

ADDRESS SERVICE REQUESTED

CAASA  
PO BOX 996  
SPENCER IA 51301-0996

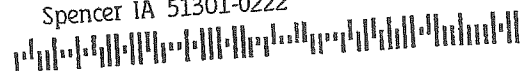


FOR CHANGE OF ADDRESS: Please check here and complete form on reverse. Thank you.

Account Number:  
Bill Date: October 01, 2013  
Due Date: 15th of Mnth

5D-2  
000175

Remit To:  
Spencer Municipal Utilities  
PO BOX 222  
Spencer IA 51301-0222



**\*\*Do Not Pay\*\***  
**Bill Will Be Paid Automatically**  
**By Your Bank**

# EXPENSE CLAIM FORM

Pay Period: 9/21 to 10/4

Name \_\_\_\_\_

<b>Mileage</b>		<b>\$0.45/mile</b>	<b>\$ 36.00</b>
# of business miles	80		

Travel Meals Date	Item Purchased	Amount	Initials

Supplies Date	Item Purchased	Amount	Initials
10/4/2013	labels	34.23	JAK

Postage Date	Item Purchased	Amount	Initials

Mileage forms and receipts **MUST** be attached to process th

Total Expense Claim:

\$ 70.23

5030.02

0.3

34.23

for admin use only:	
5160.05	03
acct	class

36.00



that was easy.

Low prices. Every item. Every day.

700 11th Street S.W.

SPENCER, IA 51301

(712) 262-5550

SALE 1671003 1 001 18782  
0936 10/04/13 11:18  
PRICE

QTY SKU

REWARDS NUMBER 5680492369

1 AVY INK/LSR 30UP25  
072782080662

SUBTOTAL

Standard Tax 7.00%

TOTAL

31.99

31.99

2.24

\$34.23

Cash

40.00

Cash Change

5.77

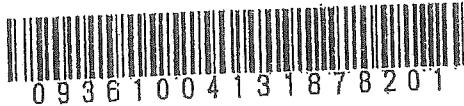
TOTAL ITEMS 1

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in store or online.



09361004131878201

Centers Against Abuse & Sexual Assault  
 PO Box 996  
 Spencer, IA 51301

Direct Deposit

Employee Pay Stub      Check number:      Pay Period: 09/21/2013 - 10/04/2013      Pay Date: 10/11/2013  
 Employee      SSN      Status (Fed/State)      Allowances/Extra

Earnings and Hours	Qty	Rate	Current	YTD Amount	Direct Deposit	Amount
Salary			1,423.03	28,000.00		1,208.44
Health Insurance Stipend				184.62		
Cell Phone Stipend				50.00		
	0.00		1,423.08	28,234.62		
Deductions From Gross			Current	YTD Amount		
Simple IRA Emp.			-42.69	-846.97		
Cafeteria Flex/med			-23.08	-1,692.28		
			-65.77	-2,539.25		
			Current	YTD Amount		
Taxes			0.00	0.00		
Medicare Employee Addl Tax			-61.00	-667.00		
Federal Withholding			-86.60	-1,645.63		
Social Security Employee			-20.30	-364.66		
Medicare Employee			-51.00	-903.00		
IA - Income Tax			-219.10	-3,820.49		
			Current	YTD Amount		
Adjustments to Net Pay			70.23	930.98		
Employee Reimbursement						
Net Pay			1,208.44	22,805.81		

Non-taxable Company Items	Current	YTD Amount
Simple IRA Co. Match	42.69	846.97
Flex Plan stipend	92.51	461.55
Memo		
Direct Deposit		

10970 ISP 142.31  
 40970 SA 569.23  
 40970 Voca 569.23  
 10970 other 142.31





10849

CAASA  
EXECUTIVE DIRECTOR  
Account Number

Statement Closing Date:  
October 13, 2013

Transactions... Continued						
Trans Date	Post Date	MCC Code	Reference Number	Description	Amount	
09/25	09/26	8398	24755423268262686031547	PROJECT HARMONY 402-5951326 NE	150.00	
09/25	09/26	9402	24164073268418200684306	USPS 18841508331208069 SPENCER IA	97.70	
10/08	10/10	7011	24761973282206188000136	STONE CREEK-DES MOINE JOHNSTON IA	188.16	✓
10/08	10/10	7011	24761973282206188000151	STONE CREEK-DES MOINE JOHNSTON IA	188.16	✓
10/08	10/10	7011	24498133282980029513348	BUDGET INN MOTEL 712-732-2506 IA	48.16	✓
09/30	09/30	0000	74121263273001710222499	Payments, Adjustments and Others PAYMENT - THANK YOU TOTAL PAYMENTS OR ADJUSTMENTS	1,252.50 1,252.50	

2013 Totals Year To Date	
Total Fees Charged in 2013	\$ 12.00
Total Interest Charged in 2013	\$ 0.00

ScoreCard Bonus Points Information as of 10/12/13					
ScoreCard	Beginning Balance	Points Earned	Points Adjusted	Points Redeemed	Ending Balance
<i>ScoreCard</i>	30,632	915	0	0	31,547

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Interest Charge Calculation/Plan Level Information						
Plan Description	ICM <sup>1</sup>	Balance Subject to Interest Rate	Periodic Rate	Annual Percentage Rate (APR) <sup>2</sup>	Interest Charge	Ending Balance
CURRENT						
PURCHASES	G	\$ 0.00	1.0700%		\$ 0.00	
CASH	F	\$ 0.00	1.0700%		\$ 0.00	
FEE/INTEREST CHARGE					\$ 0.00	
TOTAL				0.00%	\$ 0.00	

<sup>1</sup> ICM Interest Charge Method: See reverse side of Page 1 for explanation.  
<sup>2</sup> Your Annual Percentage Rate (APR) is the annual interest rate on your account.  
 (V) = Variable Rate. If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.

Handwritten notes and calculations:

- 5180 03 188.16 376.32 75.00
- 20 ✓ 5150 03
- 5180
- 15.00
- 5240 19 ✓ 48.16 ✓
- 20
- 5800.01
- 40.00
- 5150 03 97.70
- 5090.02 03
- 75.00
- 19 ✓
- 5150

CAASA

VISA

20223

10/22/2013

188.16  
15.00  
40.00  
376.32  
48.16  
97.70  
75.00  
75.00

General - Farmers Ba Acct # 8734

915.34

PRODUCT DLT103 USE WITH 91663 ENVELOPE

Spencer MPO Stamp Store  
Spencer, Iowa  
513019998  
1824160833 -0098  
09/25/2013 (712)264-8815 03:13:39 PM

Sales Receipt			
Product Description	Sale Qty	Unit Price	Final Price

@@ -- DES MOINES IA 50319 Zone-3 Priority Mail 2-Day 13.70 oz. Scheduled Delivery Day: Fri 09/27/13 Label #: 9114901159815568284294 Includes \$50 insurance			\$5.70
--	--	--	--------

Issue PVI:			\$5.70
Coil/100 (Forever) Four Flags PSA	1	\$46.00	\$46.00
Coil/100 (Forever) Four Flags PSA	1	\$46.00	\$46.00
<b>Total:</b>			<b>\$97.70</b>
<b>Paid by:</b> VISA			<b>\$97.70</b>
Account #:			
Approval #:		U08124	
Transaction #:		430	
		23 903120806	

For tracking or inquiries go to USPS.com or call 1-800-222-1811.

Save this receipt as evidence of insurance. For information on filing an insurance claim go to [usps.com/ship/file-domestic-claims.htm](http://usps.com/ship/file-domestic-claims.htm).

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Clerk: 04

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VOID ANYTIME

Phillips, Donna [AG]

---

From: Lori Taylor [lori@caasaonline.org]  
Sent: Monday, January 06, 2014 1:02 PM  
To: Phillips, Donna [AG]  
Subject: RE: Spencer CAASA SA-14-88-SAC Claim for October

Thank you!

*Lori Taylor*

CAASA Fiscal Director  
PO Box 996  
Spencer, IA 51301  
712-262-4612

From: Phillips, Donna [AG] [mailto:donna.phillips@iowa.gov]  
Sent: Monday, January 06, 2014 12:49 PM  
To: Lori Taylor  
Cc: Nelson-Brown, Luana [AG]; Director  
Subject: Spencer CAASA SA-14-88-SAC Claim for October

In reviewing your October claim for contract #SA-14-88-SAC, I decreased the utilities from \$281.43 to \$281.16 based on your 10/15/13 Black Hills Energy Bill for Spirit Lake which says it is \$29.03 instead of \$29.30 that you have listed on your expense summary. This brings your total claim to \$16,275.48 and your balance on this contract is \$192,118.05. Please remember to add your budget into the budget column, so the spreadsheet can calculate your balance. Please note this change for your records.

Best regards,

*Donna J. Phillips,*

Administrator, Victim Services Support Program  
Iowa Attorney General's Office  
Crime Victim Assistance Division  
321 E. 12 Street  
Des Moines, Iowa 50319  
Direct Phone Line: 515-281-7215  
Office Phone Line: 515-281-5044 or 1-800-373-5044  
Fax: 515-281-8199  
[donna.phillips@ag.state.ia.us](mailto:donna.phillips@ag.state.ia.us)