

Iowa Department of Human Services

AUTHORIZATION FOR FIP VENDOR PAYMENT

Case Name			Case Number
Address	City	State	Zip

AUTHORIZATION BY COUNTY DHS OFFICE

Vendor Name	Address
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Payment for the goods or services provided to the person named above is authorized in accordance with the agreement described below. This authorization is valid for a period of no more than 30 days.

Goods or Services and Amount of Payment Authorized (describe below)

Total Amount Authorized: \$		Period Covered:
County	Date	Human Services Area Administrator
County DHS Office Address		

CLAIM

The attached invoice describes the goods or services supplied in accordance with this authorization. Payment of this claim by the Department of Human Services is being accepted as payment in full for all items listed.

Vendor Signature

To Vendor: Please submit the following items to the county Department of Human Services office:

- ◆ A copy of this form.
- ◆ Your statement, billing, or invoice for goods or services rendered.
- ◆ Three copies of 07-350 PO/PV1, properly completed.