

Document Control No.

Indiana Sales Tax Ex. #003118673
Federal Excise Tax Ex. #3560001690013

Vendor Number **003202**

PURCHASE ORDER NO. 708789

TO: Friedman & Assoc. P.C.
705 Lincolnway
La Porte, IN 46350

SHIP TO:
136/LaPorte County Drainage Bd
La Porte County Annex Bldg
555 Michigan Ave Ste 104
La Porte In 46350
ATTN: D. Allen

DATE	REQUISITION NO.	FUND & ACCOUNT	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
10/03/2014		See below or Page 1					
			Distribution:		1000.10142.000.0136 General Fund		241.50
					Legal fees for 9/8/13		241.50
					Total:		241.50

Pulled one - for each location. Bldg + 180
Every month same information on PO

VAL

PAY

1310

I certify that the within bill is true and correct; that the supplies and materials therein itemized and for which charge is made were ordered by me and were necessary to the public business; that each and every item has been delivered to me at prices mentioned, and was in accordance with contract, except _____

Anthony C. Hendricks

LAPORTE COUNTY SURVEYOR

by D. Allen

THIS COPY OF PURCHASE ORDER MUST BE SIGNED (AT LEFT) AND RETURNED TO AUDITOR'S OFFICE WITH PACKING LIST(S) ATTACHED PRIOR TO CLAIM BEING PAID

LA PORTE COUNTY
LA PORTE, INDIANA 46350

PURCHASE ORDER NUMBER MUST APPEAR ON ALL
INVOICES, PACKAGES & CLAIM FORMS

Document Control No.

(219) 326-6808

ALL SHIPPING CHARGES MUST BE PREPAID.

Indiana Sales Tax Ex. #003118673
Federal Excise Tax Ex. #3560001690013

FAX: (219) 326-5615

Page 1 of 1

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Pursuant to the provisions and penalties of Chapter 155, Acts of 1953,

I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Date _____, 20 _____

CLAIM COPY

Title

Print Purchase Orders

Department: 0106 Surveyor 106/136/138

Bundle: KLD

Vendor: 003202

Friedman & Assoc. P.C.
705 Lincolnway
La Porte, IN 46350

Ship To: 0136

136/LaPorte County Drainage Bd
La Porte County Annex Bldg
555 Michigan Ave Ste 104
La Porte In 46350

Requisition:

Attention Of: D. Allen

Department:

Bid/Contract:

Project:

Status:

Angie Allen

Surveyor

Ready for review

Distributions:	Budget Account Code	Fund Description	Amount		
	1000.10142.000.0136	General Fund	241.50		
Items:	Quantity	Unit	Description	Unit Price	Item Total
			Legal fees for 9/8/13		241.50
			Total:		241.50

LAPORTE COUNTY AUDITOR
[Signature]
 SEP 1 2 2014
FILED

Friedman & Associates, P.C.
705 Lincolnway
LaPorte, IN 46350
Phone: 219-326-1264
Fax: 219-326-6228
Attorney Michelle Bazin-Johnson

Billing for September, 2014
Drainage Board

		Amount
9/8/2014	Prepare and attend drainage board meeting.	\$241.50
	Total Due:	\$241.50

W 214667 10117114

NOTE: No claim will be approved for payment unless original copy of this order or the Purchase Order Number is made a part of the claim.

Purchase Order
LaPorte County
LaPorte, Indiana

P.O. **35698**

This number must be shown on invoice, claim and delivery memos.

TO Michelle Bazin Johnson VENDOR NO. 3202 DATE Oct. 2014
 ADDRESS Friedman & Assoc. REQ. _____
705 Lincolnway
 CITY LaPorte IN 46350 In Accordance with Bid or Contract
 SHIP TO _____ DEPARTMENT Dated _____
 SHIP VIA _____ DELIVERY _____ If subject to cash discount, please indicate on Invoice or Claim
 FOB _____ TERMS _____

Charge to Appropriation for Public Defender Appropriation Number 10030135000180

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
		Public Defender Services - Oct. 2014		2514.58

FILED
 SEP 18 2014
[Signature]
 LAPORTE COUNTY AUDITOR

This order issued in compliance with CHAPTER 99, ACTS 1945 and Acts amendatory thereof and supplemental thereto.	TOTAL AMOUNT OF ORDER _____	\$ 2514.58
	APPROPRIATION BALANCE _____	\$

I hereby certify that there is an unobligated balance in this appropriation sufficient to pay for the above order.

Billing on this order must be according to prices shown above.
 ORDERED BY [Signature]
 Public Defender
 Title

[Signature]
 Auditor

FILED
 SEP 08 2014
[Signature]
 LAPORTE COUNTY AUDITOR

FEDERAL EXCISE TAX EXEMPT

INDIANA RETAIL TAX EXEMPT
 Certificate No. 003118673-001-8

BOARD OF COMMISSIONERS OF THE COUNTY OF LaPORTE
 Purchasing Agent

Claim

STATE OF INDIANA, LA PORTE COUNTY:

Pursuant to the provisions and penalties of Chapter 155, Acts of 1953.

I, _____ of _____ Indiana hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.

Date _____, 20_____

I have examined the within claim and hereby certify as follows:
That it is in proper form.
That it is duly authenticated as required by law.

That it is based upon { contract, Statutory authority.

That it is apparently { correct, incorrect.

I certify that the within bill is true and correct; that the supplies and materials therein itemized and for which charge is made were ordered by me and were necessary to the public business; that each and every item has been delivered to me at prices mentioned, and was in accordance with contract, except

_____, 20_____

Account # _____

Vendor # _____

Claim & Docket # _____

P.O. # _____

IN FAVOR OF

Name _____

Street _____

City _____

State _____

Zip _____

\$ _____
ON ACCOUNT OF APPROPRIATION
for

Invoice #'s _____

Allowed _____, 20_____

In the sum of \$ _____

BOARD OF COMMISSIONERS OF THE COUNTY OF LA PORTE

Warrant No. _____ Issued in payment