

LA PORTE COUNTY
LA PORTE, INDIANA 46350
(219) 326-6808
FAX: (219) 326-5615

PURCHASE ORDER NUMBER MUST APPEAR ON ALL
INVOICES, PACKAGES & CLAIM FORMS
W 214687 10/17/14
ALL SHIPPING CHARGES MUST BE PREPAID.

Document Control No.

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

Vendor Number **003202**

PURCHASE ORDER NO. 709130

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

SHIP TO: *[Signature]*
219/County Health
Laporte County Complex
809 State Street Suite 401 A
Laporte In 46350
ATTN: Julie Fetters

DATE	REQUISITION NO.	FUND & ACCOUNT
10/17/2014		See below or Page 1

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
Distribution:		1159.30114.000.0219 County Health Dept.		163.50

Date: 9/16/14 Inv# 10080 Corresponding
and reviews of pending cases 163.50

Total: 163.50

**APPROVAL
TO
PAY**

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 _____

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

[Signature]

JoEileen Winski
Laporte County Auditor

RECEIVING COPY

LA PORTE COUNTY
LA PORTE, INDIANA 46350

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Date:9/16/14Inv#10080Corrospoding
and reviews of pending cases

Total: 163.50

C
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A
I
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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: 0219 Co Health 219/519
Bundle: TLL

Laporte County Government

Vendor: 003202
Friedman & Assoc. P.C.
705 Lincolnway
La Porte, IN 46350

Ship To: 0219
219/County Health
Laporte County Complex
809 State Street Suite 401 A
Laporte In 46350

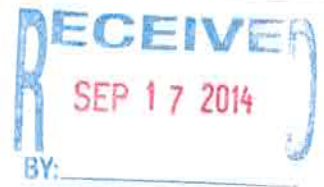
Requisition:
Attention Of: Julie Fetters
Department:
Bid/Contract:
Project:
Status: Ready for review

Distributions:	Budget Account Code	Fund Description	Amount
	1159.30114.000.0219	County Health Dept.	163.50

Items:	Quantity	Unit	Description	Unit Price	Item Total
			Date:9/16/14Inv#10080Corresponding and reviews of pending cases		163.50
Total:					163.50

FILED
SEP 26 2014
Julie Fetters
LAPORTE COUNTY AUDITOR

Friedman & Associates, P.C.
Phone: 219-326-1264



Invoice submitted to:
LaPorte County

Invoice # 10080

Invoice Date: 09/16/14
Terms: Net 30
Services Thru: 09/16/14

Date	By	Type	Service Summary	Hours/Qty	Rate	Amount
In Reference To: Health Department - mbj (Professional Services)						
09/03/14	MB	Research	researched and provided response to prevent TB patient from returning to home with children less than five years of age	0.42	150.00	\$63.00
09/08/14	MB	Misc.	assisted with documentation for Lemons septic issue	0.42	150.00	\$63.00
09/09/14	MB	Correspondence	correspondence re: septic failure persons - Lemons/Gallaher	0.25	150.00	\$37.50
				Total Hours:		1.09
				Total Labor:		\$163.50
				Total Invoice Amount:		\$163.50

10/10/10

