

INVOICE

CONTRACT AGENCY

Name:
Contact Person:
Address:
City, State Zip:

INVOICE NO:**DATE:****TO:**

City of Bloomington
Community Outreach and Engagement Manager
1800 West Old Shakopee Road
Bloomington, MN 55431

REASON:

City of Bloomington
Grants for human services

# UNDUPLICATED BLOOMINGTON RESIDENTS	DESCRIPTION OF SERVICE *Please attach supporting documentation	UNIT PRICE	AMOUNT
Total Value of this Invoice			
Total Value of Annual Award			
TOTAL DUE Pay Only			

Make all checks payable to:

If you have any questions concerning this invoice, call:

Contract Agency Contact Name:

Phone Number:

THANK YOU!