INVOICE

Contract Agency
Name
Contact Person
Address
City, State Zip

INVOICE NO:
DATE:

To:
City of Bloomington – Human Services
Attn: Lorinda Pearson, Manager
1800 West Old Shakopee Road
Bloomington, MN 55431

Reason:
2016 City of Bloomington
Human Services Contract Billing

#UNITS SERVED	DESCRIPTION OF SERVICE	UNIT PRICE	AMOUNT
		Total Value of this Invoice	$0.00
		Amount of 2016 Annual Award	
		TOTAL DUE Pay Only	

Make all checks payable to:
If you have any questions concerning this invoice, call:
Contact Name
Phone Number

THANK YOU!