

ReCAST Minneapolis Invoice

Date:

Invoice#

Contract# C-

Vendor#

Vendor Name:	To: Joy Marsh Stephens City of Minneapolis City Coordinators Office 350 south 5 th Street, M301 Minneapolis, MN 55415
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Description of work completed this period:

Fee:

Item 1	\$
Item 2	\$
Item 3	\$
Item 4	\$
Item 5	\$

Total Amount Due:

Please submit invoices to submitinvoices@minneapolismn.gov

And be sure to cc recastminneapolisinfo@minneapolismn.gov