|  |  |
| --- | --- |
| Contractor Name:Supplier ID:Contract ID #: Funding String: Company Name | invoice |
| Street AddressCity, ST ZIP CodePhone Enter phone Email  | **INVOICE** # Invoice No **DATE** Enter date |
| TORamsey CountyContact Person NameStreet AddressCity, ST ZIP CodePhone Enter phone | Email |

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Quantity | Rate | Total |
| Enter description 1 |  |  | Enter amount |
| Enter description 2 |  |  | Enter amount |
| Enter description 3 |  |  | Enter amount |
| Enter description 4 |  |  | Enter amount |
| **Total** |  |  | Enter total amount |

Make all checks payable to Contractor Name

Payment is due within 35 days

If you have any questions concerning this invoice, contact Name | Phone | Email

#### SEND INVOICE TO:

#### enter Email address of where to send invoices

#### **Directions:**

#### **Ramsey County staff**: Complete the grey sections

#### **Contractor:** complete the peach sections and put invoice on company letterhead if available