

PAYEE:

NAME First Service Residential
 ADDRESS Attn: Steven Schwartz
8100 Old Cedar Avenue #300
 City/State Bloomington, MN 55425
 VENDOR # 26037 WARRANT TYPE C

FUND 77-LMRWD
 1099 _____
 SERVICE DATE 2020
 CONTRACT # _____
 CONTRACT BALANCE AMOUNT _____
 CAPITAL ASSET APPROVAL DATE _____

DECLARATION: I declare under the penalties of law (MS 471.391) that this account claim or demand is just and correct and that no part of it has been paid, and adheres to County policy and procedures.

The attached invoice has been verified for goods received or services performed

AUTHORIZED SIGNATURE Linda Loomis DATE 8/4/2020

INVOICE #	FUND #	DEPT #	PROG	ACTIVITY	ACCOUNT #	DESCRIPTION	AMOUNT
2019-CS-1	77	702		0114	6260	reimbursement for storm water pond buffer - cost shar	\$2,129.17
TOTAL							\$2,129.17

Presented to the County Board on _____, 20__ and \$ _____ allowed _____
 Chairman County Board

Approved for Disbursement _____
 Date _____ Initials _____