

PAYEE:

NAME Renae Larson
 ADDRESS 1033 Sunny Ridge, Dr.
 City/State Carver, MN 55315
 VENDOR # _____ 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 7/30/2020

INVOICE #	FUND #	DEPT #	PROG	ACTIVITY	ACCOUNT #	DESCRIPTION	AMOUNT
2020-CS-1	77	702		0114	6260	reimbursement for raingarden	\$2,500.00
TOTAL							\$2,500.00

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

Approved for Disbursement _____
 Date _____ Initials _____