

PAYEE:

NAME TimeSaver Off Site Secretarial, Inc.
 ADDRESS 21021 Karoline Court N.
 City/State Forest Lake, MN 55025
 VENDOR # 23886 WARRANT TYPE C

FUND 77-LMRWD
 1099 _____
 SERVICE DATE 2021
 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 _____ DATE 10/14/2021

INVOICE #	FUND #	DEPT #	PROG	ACTIVITY	ACCOUNT #	DESCRIPTION	AMOUNT
M26757					7705	Preparation of September 2021 meeting minutes	\$223.00
TOTAL							\$223.00

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

Approved for Disbursement _____
 Date Initials