

**PAYEE:**

NAME Star Tribune

ADDRESS P.O. Box 4620

City/State Carol Stream, IL 60197-4620

VENDOR # 22080 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.

I he attached invoice has been verified for goods received or services performed

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE 1/12/2022

INVOICE #	FUND #	DEPT #	PROG	ACTIVITY	ACCOUNT #	DESCRIPTION	AMOUNT
1000313433					7720	publication of public hearing notice	\$784.00
<b>TOTAL</b>							<b>\$784.00</b>

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

Approved for Disbursement \_\_\_\_\_  
 Date Initials