MELSA LEGACY PROGRAMINVOICE

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| **Vendor Name:****Address:****City, Zip:****Phone:****E-mail**: | **Date:** **Invoice number:**  |

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| **Bill To:****Metropolitan Library Service Agency (MELSA)****Attn: Sarah Hawkins****1619 Dayton Avenue, Suite 314****St. Paul, MN 55104** | **For:****Legacy program at** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of library system) |

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| **DESCRIPTION** | **AMOUNT** |
| Program Name: |  |
| Date: |  |
| Time: |  |
| Location: |  |
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**Please note: Invoice must be submitted to MELSA before you will be paid for your Legacy-funded program.**

**Questions?**

**Contact Sarah Hawkins, MELSA Program Manager at 651-379-2744 or SarahH@melsa.org**