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**