

ACCOUNTS PAYABLE

PLEASE TYPE
OR PRINT

PAY TO:

VENDOR NUMBER

SEQ./LOC.

DATE _____

VENDOR NAME (LAST NAME, FIRST NAME)

Check this box and complete the information below only if this is a new vendor or a change of address.

VENDOR ADDRESS		
(Address line 2 if needed)		
CITY	STATE	ZIP CODE
SSN/TAX ID NUMBER		

INVOICE #	SERVICE PERIOD	MM/DD/YYYY
	FROM:	TO:

AMT.	ACCOUNT	FUND	ORG.	PROGRAM	SUB-CLASS (RID)	BUDG. YR	PROJ/GRANT

TOTAL

PAYMENT COMMENTS: <i>(to print on check stub)</i>

SEND/REMIT TO:

Use only if payer and/or address differs from Pay To (above)

Name: _____

Address: _____

Address: _____

List in this space and attach to the back of this form: original invoices, receipts, certified claims or other documents.

Preparer's Signature _____

I declare that the above materials and/or services have been received, are for Ramsey County, allowed by law, and approved for payment.

Authorized Signature _____

NOTE: The vendor's Social Security Number will be used to report taxable income to the Internal Revenue Service. This data is considered private under Minnesota Statute 15.165, but we will not be able to process this claim without it.