

PAYEE:

NAME Jesse J Hartmann
 ADDRESS 210 Appleblossom Lane West
 City/State Shakopee, MN 55379
 VENDOR # 25780 WARRANT TYPE C

FUND 77-LMRWD
 1099 _____
 SERVICE DATE 2020
 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 6/24/2020

INVOICE #	FUND #	DEPT #	PROG	ACTIVITY	ACCOUNT #	DESCRIPTION	AMOUNT
1st half 2020	77				7715	per diem January 2020 through June 2020	\$750.00
1st half 2020	77				7725	mgr. expense & mileage Jan 2020-June 2020	\$12.65
TOTAL							\$762.65

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

Approved for Disbursement _____
 Date Initials