

Total Invoice Amount

\$

Bill From: _____

Mailing Address: _____

Phone: _____

Email: _____

INVOICE for Work completed between _____

Date	Description	Hours	Rate	Amount

MONTHLY SCHEUDLE FOR ALL TOWNSHIP BUSINESS

Claims / Invoice requests are to be sent to the Township Treasurer **for receipt by the end of the Month.**
These will be processed on the 1st, for approval by the Board at the next monthly Board Meeting.

Items received after the end of the month will be processed with the next month's bills, payable another month out.
Approved Claims are mailed the day following the Board Meeting.

To receive payment, your 2024 W9 is required to be on File with the Township

EMAIL TO:
rosslaketwp-treas@outlook.com
Subject line: INVOICE

Or MAIL TO:
Ross Lake Township
% Treasurer
PO Box 132
Emily, MN 56447

Thank you, for all you do for our Township !