MELSA LEGACY PROGRAMINVOICE

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

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

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| **DESCRIPTION** | **AMOUNT** |
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**Please note: Please return this invoice to the hosting library who will forward to MELSA for payment. (MELSA issues payments on behalf of our member library systems for Legacy-funded programs.)**

**Questions?**

**Contact Abigail Dillon, MELSA Program Manager at 612-699-8439 or** [**abigail@melsa.org**](mailto:abigail@melsa.org)**.**