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** |
| Program Name: |  |
| Date: |  |
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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****.**