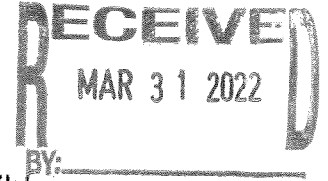




# Anoka County MINNESOTA

Respectful, Innovative, Fiscally Responsible



Customer/Division Code: HWY

Page 1 of 1

|  |                         |                 |                   |
|--|-------------------------|-----------------|-------------------|
| CITY OF RAMSEY<br>7550 SUNWOOD DR NW<br>RAMSEY, MN 55303 | <b>Customer Invoice</b> |                 |                   |
|  | As of:                  | 3/28/2022       | Customer: 130878  |
|  | Amount Due:             | \$2,500.00      | Due By: 4/27/2022 |
|  | Questions?              | Please Contact: | 763-324-1700      |

| <u>Date</u> | <u>Transaction</u> | <u>Amount</u> | <u>Balance</u>                              |
|-------------|--------------------|---------------|---|
|             |                    |               | <b>Prior Balance as of 02/01/2022: 0.00</b> |

**Invoice: GIS032022**

|           |                             |   |                   |
|-----------|-----------------------------|---|-------------------|
| 3/24/2022 | LiDAR Cost Share - C0009171 | \$2,500.00                                  |                   |
|           |                             | <b>Invoice: GIS032022 Total: \$2,500.00</b> | <b>\$2,500.00</b> |

| Current    | 31 - 60 days | 61 - 90 days | over 90 days | Total Due  |
|------------|--------------|--------------|--------------|------------|
| \$2,500.00 | \$0.00       | \$856.18     | \$0.00       | \$3,356.18 |

**Amount Due By: 4/27/2022**

Customer: 130878      Balance: \$2,500.00      Due By: 4/27/2022      Payment Amount: \$ \_\_\_\_\_

Check    Money Order    VISA    Master Card    Discover

**Make Checks Payable To:**

Anoka County Treasury Office  
2100 3rd Ave Suite 300  
Anoka, MN 55303-5029

|                           |                         |                        |
|---------------------------|-------------------------|------------------------|
| Credit Card: _____        | Ex-Date: ____/____/____ | CSC 3 Digit Code: ____ |
| Card Holder's Name: _____ | Phone: _____            |                        |
| Billing Address: _____    |                         |                        |
| Signature: _____          |                         |                        |