



RCM

12090 Margo Ave So Ste B
Hastings, MN 55033
651-480-8886

Res 24-367

Invoice

Date	Invoice #
10/8/2024	9861

Bill To

City of Ramsey
7550 Sunwood Dr. NW
Ramsey, MN 55303

Ship To

City of Ramsey
7550 Sunwood Dr. NW
Ramsey, MN 55303

P.O. Number		Terms	Rep	Ship	Via	Project
		Due on receipt	MC	10/8/2024		
Quantity	Item Code	Description		U/M	Price Each	Amount
6	Patching	Service			4,375.00	26,250.00
Please Remit Invoice To: RCM Specialties Inc. 12090 Margo Ave S Suite B Hastings, MN 55033						
Thank you for your business.					Total	\$26,250.00

Contractor Affidavit

This Contractor Affidavit must be certified by the Minnesota Department of Revenue before the state of Minnesota or any of its subdivisions can make final payment to contractors. For more detailed information, see the instructions on the back of this form.

Please type or print clearly. This information will be used for returning the completed form.

Company name RCM Specialties Inc			Daytime phone 651-480-8886	Minnesota tax ID number 4364628
Address 12090 Margo Ave so			Total contract amount \$ 26,250.00	Month/year work began 9/2024
City Hastings	State MN	ZIP code 55033	Amount still due \$ 26,250.00	Month/year work ended 10/2024

Project number 24-57	Project location CITY OF RAMSEY			
Project owner City of Ramsey	Address 7550 Sunwood Dr	City Ramsey	State MN	ZIP code 55303

Did you have employees work on this project? Yes No. If no, who did the work?

Check the box that describes your involvement in the project and fill in all information requested.

Sole contractor

Subcontractor
Name of contractor who hired you _____

Address _____

Prime contractor—If you subcontracted out any work on this project, all of your subcontractors must submit their own Contractor Affidavits and have them certified by the Department of Revenue *before* you can submit your Contractor Affidavit. For each subcontractor you had, fill in the information below and attach a copy of each subcontractor's certified Contractor Affidavit. If you need more space, attach a separate sheet.

Business name	Address	Owner/Officer

I declare that all information I have filled in on this form is true and complete to the best of my knowledge and belief. I authorize the Department of Revenue to disclose pertinent information relating to this project, including sending copies of this form, to the prime contractor if I am a subcontractor, and to any subcontractors if I am a prime contractor, and to the contracting agency.

Contractor's signature 	Title Vice President	Date 12-24-2024
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Mail to: Minnesota Revenue, Mail Station 6610, St. Paul, MN 55146-6610
Phone: 651-282-9999 or 1-800-657-3594

Certificate of Compliance

Based on records of the Minnesota Department of Revenue, I certify that the contractor who has signed this Contractor Affidavit has fulfilled all the requirements of Minnesota Statutes 290.92 and 270C.66 concerning the withholding of Minnesota income tax from wages paid to employees relating to contract services with the state of Minnesota and/or its subdivisions.

Department of Revenue approval _____

Date _____