

CITY OF DULUTH

Invoice Data Form

DEPARTMENTAL APPROVAL

Approving Department / Division:

BILLING INFORMATION

Name:

Address:

City / State:

Zip Code:

Date:

Amount: \$

0.00

ACCOUNTING DATA

Line	Fund	Agency	Org	Sub-Org	Rev Source	Project #	Amount
1							
2							
3							
4							
5							
6							

SPECIAL INSTRUCTIONS

Attach documentation for the amount being billed and forward this form to the City Auditor's Office
or email to: AccountsPayable@DuluthMN.gov