

*This invoice is limited to the agreed amount established for the dates of housing identified.
A vendor signature is required. Please send completed form to your DOC contact for processing.*

Important: *If a deposit was approved a check must be payable to the Minnesota Department of Corrections and mailed back to: Minnesota Department of Corrections, Emergency Housing, PO Box 4719, St Paul, MN 55101
OR a detailed invoice must be provided regarding any damages.*

VENDOR INFORMATION

Name of Vendor

Vendor Last Name, Vendor First Name *(if applicable)*

Business Address:

City State Zip

State Vendor Number:

Phone Number:

E-Mail Address:

Vendor Signature:

HOUSING PROVIDED FOR

Full Name: **OID #:**

Last First M.I.

Dates of Housing: **To**

MM/DD/Year MM/DD/Year

Itemized Cost of Stay for Housing Service Period: \$

DOC AUTHORIZED PROGRAM PERSONNEL

Date Approved: **Amount Approved for Payment:**

Authorized Signature: **PO#:**

Emergency Housing Rental Assistance Other: