DEPARTMENT OF CORRECTIONS

Invoice for Housing Assistance

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:** _____