

ANOKA-RAMSEY COMMUNITY COLLEGE

SPECIAL ASSIGNMENT INVOICE

I hereby certify that the services listed below have been rendered; that this is my only invoice for these services, and it is correct and just, and that no part of it has been paid.

SOCIAL SECURITY #: _____

NAME: _____

STREET ADDRESS: _____

CITY, STATE, & ZIP CODE: _____

Are you employed with another State or MnSCU Agency? Yes No

If yes, name of agency? _____

Status? _____ (FT, or PT, Unlimited or Temporary)

SIGNATURE: _____ **DATE:** _____

TYPE OF SERVICE PERFORMED: _____

DATE(S) OF SERVICE: _____

TOTAL FEE FOR SERVICE: _____

PAYMENT TO BE MADE IN: () ONE () TWO OR () THREE PAYCHECKS

COST CENTER SERVICE IS CHARGED TO: _____

Authorized College Signature

Date