

## SPECIAL ASSIGNMENT INVOICE FORM

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.

NAME:		
Are you employed with another State Agency or MnSCU Institution?		
If yes, name of Agency/Institution?		
SIGNATURE: DA	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:		
Authorized College Signature	Date	

Please submit this form to the Human Resources Office