



Please Remit To:

Regents of the University of Minnesota
NW 5960
PO Box 1450
Minneapolis, MN 55485-5960

Page:
Invoice:
Invoice Date:
Customer No:
Payment Terms:
Due Date:

Bill To:

Amount Due:

For billing questions, please call:

Original

Line	Description	Quantity	UOM	Msg	Unit Amt	Net Amount
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Subtotal:

Subtotal (Sales/Use):

TOTAL TAXES:

Amount Due:

Please detach and return with payment



UNIVERSITY OF MINNESOTA

Invoice Date:
Customer No:
Invoice:
Amount Due:

Amount Enclosed

\$	<input type="text"/>	<input type="text"/>	,	<input type="text"/>	<input type="text"/>	.	<input type="text"/>
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Check here and see reverse for address correction

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Minneapolis, MN 55485-5960