

H5509 001
DEPARTMENT OF HUMAN SERVICES
SWIFT - AR UNIT
PO BOX 64940
ST PAUL MN 55164-0940

m DEPARTMENT OF
HUMAN SERVICES
INVOICE

Customer No: 000000000000603
Payment Terms: Due in 30
Due Date: October 5, 2025
Invoice: 00000887294
Invoice Date: September 5, 2025
From Date: To Date:
Purchase Order:
Page: 1 of 1

Bill To:

CROSSLAKE COMMUNITY CHARTER
SCHOOL
PO BOX 1020
CROSSLAKE MN 56442-1020

AMOUNT DUE: 13.00

For billing questions, please call 651-431-3769

Original

Line	Identifier	Description	Qty	UOM	Unit Amt	Net Amount
1		IEP Admin Fee	1.00	EA	13.00	13.00
	SFY 2024 IEP Admin fee					

Subtotal: 13.00

Amount Due: 13.00

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

This information is available in alternative formats to individuals with disabilities by calling 651-431-3769. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848.

For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

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CROSSLAKE COMMUNITY CHARTER
SCHOOL
PO BOX 1020
CROSSLAKE MN 56442-1020

Customer No: 000000000000603
Payment Terms: Due in 30
Due Date: October 5, 2025

Address Change? If yes, Check box.
Write correct address on back. →

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Please Remit To:
DEPARTMENT OF HUMAN SERVICES
SWIFT
PO BOX 64835
ST. PAUL MN 55164-0835

Amount Due: 13.00

Amount Remitted

H5509 000000000000603 0 00000887294ZZZZZZZZZZZ 6 0000001300