
Memorandum

The City of Traverse City



TO: City Treasurer's Office

FROM: _____

DATE: _____

Please prepare an invoice from the City to the following individual or business:

Attn: (If Applicable) _____

Name: _____

Street Address: _____

City, State, Zip Code: _____

The purpose of the invoice is as follows:

Dollar Amount: \$ _____

Account Number: _____

Please send out the invoice with attached information. YES NO

Or,

Please return the invoice to our department so that we may deliver it to the individual or business with supporting information. YES NO