

Services Performed Form

To: Winona State University

I, _____
Name (Please Print or Type)

on the following dates and times _____

supplied/performed these services for Winona State University:

The billing for these services is: \$ _____

Name (Please Print or Type) Street Address

City, State and Zip Telephone Number

Signature Date

* * * * *

Certification that the services listed above have been completed:

_____, Winona State University Employee
Name (Please Print or Type)

Signature Date