

Exhibit D
INVOICE FOR SERVICES
Billed to City of Minneapolis Health Department

Submit Invoice to:

submitinvoices@minneapolismn.gov

Or mail to:

City of Minneapolis – Accounts Payable
 PO Box 211208
 Eagan, MN 55121

Invoice Submission Date: 4/12/21

Invoice Number: 002

Invoice Period: 4/1/21 – 12/31/21

Final Invoice? Yes ☐ No: X

Contractor:

We Push for Peace
 1406 W Lake Street, Suite 201
 Minneapolis, MN 55408
 Trahern Pollard
wepushforpeace@gmail.com

Program: Community Outreach Support Services During
 and After the Trials

Contract Number:

Contract Period: 4/1/21 – 12/31/21

Coding:

PO Number:

Cost Categories	Contract Budget	Costs this Period	Cumulative Total
Community Outreach and Support Activation (Boots on the Ground Team)		\$50,000.00	
TOTAL EXPENSES:		\$50,000.00	

REIMBURSEMENT REQUESTED THIS INVOICE:	\$50,000.00
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I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected here were made in accordance with conditions of the contract. I also certify that all the required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and that such funds have been held in a reserve fund or transmitted to local, state, or federal officials as required by appropriate laws.

Contractor:

Trahern Pollard 4/12/21
 Contractor Signature and Date

Approved for Payment by City of Minneapolis : _____

Sasha Cotton, Contract Manager - Signature and Date