

# INVOICE

INV86338

## IMWCA

IOWA MUNICIPALITIES WORKERS' COMPENSATION ASSOCIATION

500 SW 7TH STREET, SUITE 101

DES MOINES, IA 50309-4506

PHONE: 800-257-2708

DATE

6/1/2023

PAGE:

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Bloomfield, City of  
111 W Franklin

Mbr No: 0206  
Member Name: Bloomfield, City of

Bloomfield IA 52537-1696

Please remit payment to: IMWCA, P.O. Box 8186, Des Moines, IA 50301

PURCHASE ORDER NO.	CUSTOMER ID	SALES ID	SHIPPING METHOD	PAYMENT TERMS	REQ'D SHIP DATE	MASTER NUMBER
	BLOOM001	AG0171				
QUANTITY	ITEM NUMBER	DESCRIPTION	UOM	DISCOUNT	UNIT PRICE	EXTENDED PRICE
1.00	DEPOSIT	Deposit - Work Comp Premium 23-24  This invoice is 25% of total annual premium. The balance will be invoiced in 7 monthly installments of \$3485. If full payment is remitted, total annual premium is \$32531.			8,136.00	\$8,136.00
This invoice is due on July 1, 2023.						

Deluxe For business 1-800-225-6380

A FINANCE CHARGE of 1.5% (APR 18%) will be added to balances over 30 days past the due date.

When you provide a check as payment, you authorize IMWCA either to use the information from your check to make a one-time electronic fund transfer from your account or to process your payment as a check transaction. For inquiries please call 515-244-7282.

*Thank You*

Subtotal	\$8,136.00
Bond Credit	\$0.00
Misc	\$0.00
Total	\$8,136.00