

Iowa Municipalities Workers' Compensation Assoc
 500 SW 7th Street
 Suite 101
 Des Moines IA 50309

Invoice
Date
Page

Item # 10C
 Date: 6/22/24

Bill To:

Nevada, City of
 1209 6th Street
 PO Box 530
 Nevada IA 50201-0350

Ship To:

Nevada, City of
 1209 6th Street
 PO Box 530
 Nevada IA 50201-0350

Please remit payment to: IMWCA, PO Box 8186, Des Moines, IA 50301

Purchase Order No.	Customer ID	Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.	
	NEVAD001	AG0225		NET 30	6/1/2026	105,805	
Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
1	1	0	DEPOSIT	Deposit - Work Comp Premium 26-27 This invoice is 25% of total annual premium. The balance will be invoiced in 7 monthly installments of \$5554. If full payment is remitted, total annual premium is \$51839.	\$0.00	\$12,961.00	\$12,961.00

This invoice is due on July 1, 2026.

Subtotal	\$12,961.00
Misc	\$0.00
Tax	\$0.00
Freight	\$0.00
Trade Discount	\$0.00
Total	\$12,961.00

A FINANCE CHARGE of 1.5% (APR 18%) will be added to balances over 30 days past due.
 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 the payment as a check transaction. For inquiries please call 515-244-7282.