STATE OF MONTANA VENDOR INVOICE • PREPARE IN TRIPLICATE. • SEND ALL COPIES TO VENDOR. • VENDOR RETURNS SIGNED ORIGINAL AND DUPLICATE RETAINING TRIPLICATE. • FILE ORIGINAL WITH TRANSFER-WARRANT CLAIM. BILLED TO

QUANTITY DESCRIPTION OF GOODS DELIVERED OR SERVICES RENDERED	AMOUNT
GRAND TOTAL ►	

STATE USE ONLY APPROVED FOR PAYMENT		Vendor Certification	I certify that this invoice is correct in all respects and that payment has not been received.	
Authorized Signature	Vendor's Name			
	Date Processed			
Date	Vendor's Signature			
		Vei	Title	