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|---|---|
| STATE OF MONTANA<br><br><b>VENDOR INVOICE</b> | <ul style="list-style-type: none"> <li>• PREPARE IN TRIPLICATE.</li> <li>• SEND ALL COPIES TO VENDOR.</li> <li>• VENDOR RETURNS SIGNED ORIGINAL AND DUPLICATE, RETAINING TRIPLICATE.</li> <li>• FILE ORIGINAL WITH TRANSFER-WARRANT CLAIM.</li> </ul> |
| VENDOR'S NAME AND ADDRESS                     | BILLED TO   |
|   |   |

| QUANTITY           | DESCRIPTION OF GOODS DELIVERED OR SERVICES RENDERED | AMOUNT |
|--------------------|---|--------|
|                    |   |        |
| <b>GRAND TOTAL</b> |   |        |

|  |  |  |  |
|--|--|--|--|
| STATE USE ONLY<br><br>APPROVED FOR PAYMENT |  | <i>I certify that this invoice is correct in all respects and that payment has not been received</i> |  |
|  |  | Vendor's Name  |  |
|  |  | Date Processed   |  |
| Authorized Signature                       |  | Vendor's Signature   |  |
| Date                                       |  | Title  |  |