

Guidance for filling out Vendor Invoices

The vendor invoice triggers payment from DNRC for the other invoices submitted for reimbursement. Please fill out the highlighted areas of the vendor invoice. Once it is filled out either 1) mail it or 2) scan and email it to the grant manager identified in the contract. If Webgrants is used for your grant, the vendor invoice and other invoices can be attached there.

STATE OF MONTANA <h1 style="margin: 0;">VENDOR INVOICE</h1>	<ul style="list-style-type: none"> PREPARE IN TRIPLICATE. SEND ALL COPIES TO VENDOR. VENDOR RETURNS SIGNED ORIGINAL AND DUPLICATE, RETAINING TRIPLICATE. FILE ORIGINAL WITH TRANSFER-WARRANT CLAIM.
VENDOR'S NAME AND ADDRESS	BILLED TO
Step 1: Vendor Name and Address Please write the name and address of the grant sponsor in this space. This address should be the same one used for accounting.	DNRC-CARDD PO Box 201601 Helena, MT 59620-1601

QUANTITY	DESCRIPTION OF GOODS DELIVERED OR SERVICES RENDERED	AMOUNT
	Step 2: Description of expenses This part of the vendor invoice should read like a table of contents to the invoices submitted for reimbursement. Please list the invoices needing reimbursement in this space and the total requested in the amount space. It is helpful to identify the tasks of the grant that each invoice or partial invoice covers. Other helpful information to include: Grant agreement # _____ Grant manager _____ Period of performance: _____	
	GRAND TOTAL	

STATE USE ONLY 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	Step 3: Vendor Signature Have an authorized person sign and date the form. This is usually the person whose name is on the contract or who signed the contract. Without signature, this invoice cannot be reimbursed.
		Date Processed	
Authorized Signature		Vendor's Signature	
Date		Title	