

STATE OF MONTANA  <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
	DNRC-CARDD PO Box 201601 Helena, MT 59620-1601

QUANTITY	DESCRIPTION OF GOODS DELIVERED OR SERVICES RENDERED	AMOUNT
	Grant Agreement # _____	
<b>GRAND TOTAL</b>		

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	
		Date Processed	
Authorized Signature		Vendor's Signature	
Date		Title	