

CITY OF BOZEMAN ACCOUNTS PAYABLE

P.O. Box 1230 · Bozeman, MT 59771-1230
(406) 582-2334

CHECK # _____

PAY TO: _____
MAILING _____
ADDRESS: _____

TOTAL \$ _____

VENDOR # _____

DATE INVOICE Fund/Dept-Div/Act/Elm-Obj DESCRIPTION AMOUNT

DATE	INVOICE	Fund/Dept-Div/Act/Elm-Obj	DESCRIPTION	AMOUNT
		010.0000.201.60.12	Beall Center Refund Cleaning/Damage deposit for Beall Rental on _____	

CERTIFICATION THAT GOODS OR SERVICES HAVE BEEN RECEIVED:

1. _____ 2. _____

DEPARTMENT HEAD OR DESIGNEE APPROVAL: _____

FINANCE DEPARTMENT REVIEW: _____

I, the undersigned, do solemnly swear that I am _____ of _____
(Official Title) (Company or Corporation)

I am authorized to sign for said claimant, and the amounts shown therein are true and lawful against the city of Bozeman wholly unpaid.

Signature: _____

Phone Number: _____