

CHECK # _____

CITY OF BOZEMAN ACCOUNTS PAYABLE

P.O. Box 1230 · Bozeman, MT 59771-1230

(406) 582-2334

PAY TO: MAILING ADDRESS:	

TOTAL \$ _____

VENDOR # _____

DATE	INVOICE	Fund/Dept-Div/Act/Elm-Obj	DESCRIPTION	AMOUNT
		010-0000-201.60-10	Lindley Center Refund Deposit for Lindley Center Rental on <hr/>	
			DEPOSIT:	
			TOTAL REFUND:	

CERTIFICATION THAT GOODS OR SERVICES HAVE BEEN RECEIVED:

1. _____ 2. _____

DEPARTMENT HEAD OR DESIGNEE APPROVAL: _____ FINANCE DEPT 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 #: _____