

CITY OF BOZEMAN ACCOUNTS PAYABLE

PO Box 1230 · Bozeman, MT 59771-1230
(406) 582-2334

CHECK # _____

PAY TO: _____

TOTAL \$ _____

VENDOR # _____

DATE	REFERENCE #	BUDGET/ACCOUNT NUMBER	AMOUNT
DESCRIPTION			

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 a true and lawful claim against the City of Bozeman and wholly unpaid.

Sign here: _____ Phone: _____