

**CITY OF BOZEMAN ACCOUNTS PAYABLE**

**CHECK #** \_\_\_\_\_

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

**PAY TO:** \_\_\_\_\_

**TOTAL \$** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**VENDOR #** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP::** \_\_\_\_\_

DATE	INVOICE	Fund/Dept-Div/Act/Elm-Obj	DESCRIPTION	AMOUNT
		010-0000-201.60-12	Refund of <b>Beall Center</b> cleaning/damage deposit for Beall Center rental on date of: _____	

**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:** \_\_\_\_\_ **SS# or Tax ID#** \_\_\_\_\_ **Business License #** \_\_\_\_\_

**\* THE CITY OF BOZEMAN MUST HAVE YOUR SS# OR TAX ID# AND BUSINESS LICENSE NUMBER BEFORE THIS CLAIM WILL BE PROCESSED.**