

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
		010-0000-201.60-10	Refund of Lindley Center cleaning/damage deposit for Lindley 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.**