CLAIM BLANK

ROSEBUD COUNTY

CLAIM NO.

VENDOR

SHIP TO

CLAIM DATE	VENDOR NO.	PROJECT NO.	FUND	DEPARTMENT	DATE PAID

SHIP VIA	SPECIAL INSTRUCTIONS

QUANTITY	ARTICLE	BUYER'S EST. COST	SELLER'S UNIT PRICE	SELLER'S TOTAL AMOUNT	

ACCOUNT NUMBER								ENCUMBERED AMOUNT			AMOUNT BY ACCOUNT
PROG.	JOB	FUND	DEPT.	FUNCT.	ACT.	SUB.	OBJ.				
								TOTAL →			

SIGN AND RETURN THIS COPY FOR PAYMENT

TO:

COUNTY CLERK – P.O. BOX 47
FORSYTH, MONTANA 59327
(406) 346-7318

I CERTIFY THAT THIS CLAIM IS CORRECT AND JUST IN ALL RESPECTS AND THAY PAYMENT OR CREDIT HAS NOT BEEN RECEIVED.

CLAIMANT

APPROVED BY	DATE	BY

ALLOWED FOR	DISALLOWED FOR	PAY THIS AMOUNT
$	$	$

WHITE - Vendor's Claim YELLOW - Vendor's File PINK - Dept. Head Copy