CLAIM BLANK

ROSEBUD COUNTY

CLAIM #

VENDOR: _____

_____

_____

SHIP TO:
If different from Vendor

_____

INVOICE # / DESCRIPTION OF ITEMS or SERVICES (include date of service)	$ AMOUNT

APPROVAL	FUND	DEPT	FUNCT	ACT	SUB	OBJ	$ AMOUNT
					TOTAL:		

Sign & return for payment to: Rosebud County Clerk & Recorder PO Box 47 Forsyth, MT 59327 406-346-7318 **rosebudcountymt.gov**	I certify that this claim is correct and just in all respects and that payment or credit has not been received.
APPROVED BY:	**CLAIMANT:**
DATE:	

ALL DOCUMENTATION STAYS WITH CLAIM. IF YOU WISH ANY FORMS TO ACCOMPANY PAYMENT, MAKE ADDITIONAL COPY FOR MAILING.