

STATE OF MONTANA VENDOR INVOICE	<ul style="list-style-type: none"> • VENDOR RETURNS SIGNED ORIGINAL • FILE ORIGINAL WITH TRANSFER-WARRANT CLAIM.
VENDOR'S NAME AND ADDRESS	BILLED TO
Step 1: Vendor Name and Address Write the name and address of the grant recipient in this space. This address should be the same one used for accounting	DNRC-CARDD PO Box 201601 Helena, MT 59620-1601
	Attn Grant Manager: _____

PROJECT INFORMATION:

Grant Agreement Number:	Project Title:
Period of Performance:	Reimbursement Request Number:

Step 2: Project Information

Enter the grant agreement number (e.g. RRG-12-3456), project title (e.g. Stream Restoration), period of performance (time invoices cover) and reimbursement request number (the number of times reimbursement has been requested from DNRC). Include the grant manager name above.

DESCRIPTION OF GOODS DELIVERED OR SERVICES RENDERED:

Name of Business/Vendor	Invoice Number	Dates of Service/ Invoice Date	Budget Category / Task Number and Description (see Grant Agreement Attachment B Budget)	Amount

Step 3: Description of Expenses

This part of the vendor invoice should read like a table of contents to the invoices submitted for reimbursement. List the invoices by business/vendor name and invoice number. Use one line per invoice. Include the dates of service or date of invoice. Identify the budget category or task name and description from the Attachment B Budget of your grant agreement that the invoice will draw funding from. The amount should be the amount to be reimbursed by DNRC. The grant total should be the sum of invoices listed above.

	GRAND TOTAL
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STATE USE ONLY APPROVED FOR PAYMENT		<i>I certify that this invoice is correct in all respects and that payment has not been received.</i>	
Authorized Signature		Authorized Recipient Name	Step 4: Vendor Signature Have the grant recipients authorized representative sign and date this form. This should be the person whose name and signature is on the grant agreement or who has been identified to DNRC as a designated signatory.
		Date Processed	
Date		Authorized Recipient Signature	
		Title	