

CITY OF GREAT FALLS GRANTEE INVOICE	<ul style="list-style-type: none"> • VENDOR RETURNS SIGNED ORIGINAL • FILE ORIGINAL WITH TRANSFER-WARRANT CLAIM.
GRANTEE'S NAME AND ADDRESS	BILLED TO
	CITY OF GREAT FALLS PO BOX 5021 GREAT FALLS, MT 59403

QUANTITY	DESCRIPTION OF GOODS DELIVERED OR SERVICES RENDERED	AMOUNT
	Grant Agreement # _____ Period of Performance: _____	
GRAND TOTAL		

CITY USE ONLY APPROVED FOR PAYMENT		<i>I certify that this invoice is correct in all respects and that payment has not been received</i>	
		Grantee Name	
		Date Processed	
Authorized Signature		Authorized Signature	
Date		Title	