

STATE OF MONTANA VENDOR INVOICE		COMPLETE VENDOR INVOICE FOR REIMBURSEMENT ATTACH COPIES OF SUPPORTING DOCUMENTATION SIGN AND DATE BELOW BEFORE SUBMITTING TO DNRC FOR REIMBURSEMENT	
VENDOR'S NAME AND ADDRESS City of Sidney 115 2nd St SE Sidney, MT 59270		DNRC-CARDD PO Box 201601 Helena, MT 59620-1601	
Grant Agreement #		Project Name Anderson Subdivision Drainage	
DNRC Grant Manager		Claim Number	
QUANTITY	DESCRIPTION OF GOODS DELIVERED OR SERVICES RENDERED		AMOUNT
	Vendor	Invoice Number	Dates of Service
	1 Morrison-Maierle, Inc	233926	7/28/2023
			Task Description
			Final Design
			Grant Admin
			\$ 1,104.00
			\$ 1,021.50
GRAND TOTAL			\$ 2,125.50

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>	
		Vendor Name (Authroized Person)	
DNRC Authorized Signature		Date Processed	
Date		Vendor's Signature	
		Title	