STATE OF MONTANA VENDOR INVOICE			ATTACH COPIES OF SUP	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 #	AC-22-0159		Project Name	Sidney Phase III Water Im	provements - Transmiss	sion,
DNRC Grant Manager	Shawna Swanz		Claim Number			
QUANTITY DESCRIPTION OF GOODS DELIVERED OR SERVI		ERVICES RENDERED	CES RENDERED AMOUN			
	Vendor COP Construction	Invoice Number	Dates of Service	Task Description		
				GRAND TOTAL	\$ 651,785	5.00

STATE USE ONLY APPROVED FOR PAYMENT		I certify that this invoice is correct in all respects and that payment has not been received.		
		Vendor Name		
		(Authroized Person)		
DNRC Authorized		Date Processed		
Signature				
Date		Vendor's Signature		
Date		Title		