STATE OF MONTANA VENDOR INVOICE	Instructions to Vendor (Grant/Contract Recipient): Return this invoice signed by the authorized representative. Attach backup documentation and business invoices listed below. Submit to your grant manager or DNRC Liaison.
VENDOR'S NAME AND ADDRESS	BILLED TO
Type 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: ___Liz Lodman_____

PROJECT INFORMATION:	
Grant Agreement Number: AIS-2X-XXXX	Project Title: Short title of this grant agreement
Period of Performance: Months covered by this invoice	Reimbursement Request Number: First request = #1, second = #2, etc.

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
			This part of your invoice should look like a table of contents to the invoices submitted for reimbursement. • List the invoices by business/vendor name and invoice number. • For personnel expenses (staff time) provide records/ledgers that reflect the work performed using generally accepted accounting principles. • Use one line per invoice. • Include the date of service or date of invoice. • Identify the task number and description from Attachment B of your grant agreement. • The amount should be the dollar number for which you seek reimbursement from DNRC. • The grand total should be the sum of all invoices. Pro Tip: submit this vendor invoice and all project invoices in one pdf, with project invoices in the same order listed on the vendor invoice.	
			GRAND TOTAL	

In signing below, I certify that this invoice is correct in all respects and that payment has not been received.			
Recipient Authorized Official Name	This is the same person who signed the AIS grant agreement, unless otherwise noted.	Title	
Recipient Authorized Official Signature		Date Signed	

STATE USE ONLY APPROVED FOR PAYMENT			
Authorized Signature		Date Signed	