DAWSON COUNTY
207 W Bell
Glendive, MT 59330

Warrant # _____

All claims submitted by the 25th day of each month will be paid by the 10th of the following month.

CLAIMANT:
ADDRESS:
CITY, STATE, ZIP:

INV DATE	INVOICE #	FUND #	DEPT #	ACCOUNT #	PURPOSE	TOTAL
					Page Subtotal	0.00
					Grand Total	

DISALLOWED _____

I certify that this claim is correct and just in all respects and that payment or credit has not been received.

APPROVED _____

CLAIMANT SIGNATURE _____

_____
CHAIRMAN