CLAIM NUMBER _____

WARRANT NUMBER _____

VENDOR NUMBER _____

POWELL COUNTY
409 MISSOURI AVENUE
DEER LODGE, MT 59722

CLAIMANT _____

ADDRESS _____

_____

CITY _____

THIS CLAIM MUST BE ITEMIZED AND THE INVOICE ATTACHED OR PAYMENT CANNOT BE MADE

DATE/ INVOICE #	DESCRIPTION	AMOUNT	OFFICE USE ONLY				
			FUND	DEPT	ACTIVITY	OBJECT	AMOUNT