Fallon County

PAYABLE TO _____

ADDRESS _____

_____

NOTE: Bills filed later than the 25th of the month before the Commissioners meet will be laid over until the next month.

	Amount of Bill	
	Amount Disapproved	

STATE OF Montana
County of Fallon

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

_____
(Sign your name here)

NOTE: These blanks are furnished by
County Clerk & Recorder
Box 846
Baker, Montana 59313

Warrant No _____

Fallon County

Baker, Montana 59313

_____
Assigned for value received to

_____

_____
Claimant

_____

To _____

Address _____

_____

For _____

Filed _____

_____
County Clerk

By _____
Deputy County Clerk

_____

FUND	AMOUNT	FUND	AMOUNT
GENERAL		ROAD	
		TOTAL CLAIM	

Approved _____ 20 ___

_____
Chairman