

## **CLAIM FORM**

DATE:	Great Falls, Montana		DATE:	Great Falls, Montana  DATE:		
CLAIMANT'S NAME:				NAME:		
CITYSTATEZIP					STATE ZIP	
BUILDING						
QUANTITY	ARTICLE & DESCRIPTION	ON TOTAL PRICE	QUANTITY	ARTICLE & DESCR		TOTAL PRICE
			QUANTITY	ARTICLE & DESCR	IFTION	TOTAL PRICE
		TOTAL			TOTAL	
					1017.12	
ADMINISTRATOR'S SIGNATURE		DATE	ADMINISTRAT	ADMINISTRATOR'S SIGNATURE		
					DATE	
CABINET LEVEL'S SIGNATURE		DATE	CABINET LEVEL'S SIGNATURE		DATE	
ISSUED BY			ISSUED BY		<del></del>	

**MUST BE SUBMITTED BY NOON ON WEDNESDAYS** FOR APPROVAL OF PAYMENT DW-234 Rev. 5/23

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