All claims must be submitted on or before the 20th day of each month or will not be allowed in that month's business.

DANIELS COUNTY Box 247 SCOBEY, MONTANA 59263

Phone 406 487-5561

CLAIM	NO	
WARRA	NT NO.	

	Рау т	0		DR.	
	A	DDRESS			
20		ITY			
		ALL CLAIMS NOT DOOR	TOT ERLY SIGNED WILL BE RE		
	OF MONTANA)) SS.	I certify that this claim is received.	s correct and just in all respec	cts, and that payment or	
O NOT	POST THIS SPACE				
FUND	ACCOUNT NO.	AMOUNT		OFFICIAL USE ONLY	
			FILED	, 20	
				County Clerk	ALLOWED () Amount \$
				Deputy	
			APPROVED	, 20	DISALLOWED ()
					Amount \$
		NOT	E: These claim blanks are fur	Chairman nished by the County Cl	erk.