STATE OF MONTANA			
VENDOR INVOICE	VENDOR RETURNS SIGNED ORIGINAL FILE ORIGINAL WITH TRANSFER-WARRANT CLAIM.		
VENDOR'S NAME AND ADDRESS	BILLED TO		
Yellowstone County	DNRC-CARDD		
316 N. 26th Street	PO Box 201601		
Billings, MT 59101	Helena, MT 59620-1601		
	Attn Grant Manager: Shawna Swanz		

PROJECT INFORMATION:

Billings Bench Water Association Main Grant Agreement Number: AC-22-0194 **Project Name**

Canal Rehabilitation Project

Period of Performance: 1/1/24-3/15/24 Reimbursement Request Number: #3 Final

1	DESCRIPTION OF GOODS DELIVERED OR SERVICES RENDERED:						
	Dates of						
		Invoice	Service/	Budget Category / Task Number and Description (see Budget Tab	Amount		
	ame of Business/Vendor Number Invoice Date		Invoice Date	and/or check against Grant Agreement Attachment B - Budget)			
	Name of Business/Vendor	Number	Invoice Date	and/or check against Grant Agreement Attachment B - Budget)			

Askin Construction, LLC Pay App 2 1/1/24-2/9/24 Construction \$376,109.35

			GRAND TOTAL	\$376,109.35
		I certify that this invoice is correct in all respects and that payment has not		
STATE USE ONLY APPROVED FOR PAYMENT		Authorized Recipient Name		
		Date Processed		
Authorized Signature		Authorized Recipient Signature		
Date		Title		