

STATE OF MONTANA VENDOR INVOICE	
VENDOR'S NAME AND ADDRESS	BILLED TO
	Department of Administration ConnectMT Broadband Program 125 N. Roberts St. PO Box 200101 Helena, MT 59620-0101

QUANTITY	DESCRIPTION OF GOODS DELIVERED OR SERVICES RENDERED	AMOUNT
	Grant Agreement # _____ Vendor Internal Project # _____	
GRAND TOTAL		

STATE USE ONLY APPROVED FOR PAYMENT		<i>I certify that this invoice is correct in all respects and that payment has not been received</i>	
		Vendor's Name	
		Date Processed	
Authorized Signature		Vendor's Signature	
Date		Title	