DAWSON COUNTY

207 W. Bell
Glendive, MT 59330

Warrant # _____

All claims submitted by the 25th of each month will be paid by the 10th of the following month

CLAIMANT:
ADDRESS:
CITY, STATE,ZIP:

INV DATE	INVOICE #	FUND #	YR/DEPT#	ACCT #	OBJ #		TOTAL
6/30/2015							