

CITY OF THREE FORKS
206 MAIN STREET
P.O. BOX 187
THREE FORKS, MT 59752-0187

Page: 1
Claim #: 148723
Vendor #: 77
Check #: 27029

IMPORTANT: Claims must be filed not later than the Friday
before the Second Tuesday or the Fourth Tuesday of each month.

Claimant US POSTAL SERVICE
Address

06/06/25
10:34:06
5/25

Date	Invoice	Description	Amount	Fund Org Account	Object Proj
05/30/25	05/2025	Permit #14	102.19	5210 430510	311
05/30/25	05/2025	Permit #14	102.19	5310 430610	311

THE CLAIM is hereby ordered paid in
accordance therewith this _____
Day of _____, _____

CITY CLERK
WE, the Department Heads, respectfully
report that with carefull examination
the claim is correct and recommend the
Check be drawn on the City Treasurer
of the CITY OF THREE FORKS for the
payable amount thereof:

DEPARTMENT HEADS
INITIALS/SIGNATURES

Total: 204.38

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