UNIFORM INVOICE TRACKING SPE	READSHEET F	OR:					DATE:	12/14/1998			
Vendor's Name	Invoice or Pay Estimate Number	Invoice Date or Time Period Covered	Total Amount of Invoice	Warrant Number	Date Paid	Funding Source: #	Funding Source, Funding Source	Amount Expended, e: Funding Source	, Drawdown Number e: Funding Source: #	Funding Source: # #	Total Amount Paid This Invoice
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		TOTALS	\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Copy and submit to the applicable fur	nding agency v	vith each dr	awdown reque	st.							
				Montana I	Departn	nent of Commerce	CDBC	6 / NSP Grant Adm	inistration Manual		
									2	018	
							4-E.3				