GARDINER RESORT AREA DISTRICT

P.O. Box 510
Gardiner, MT 59030
www.GardinerResortTax.com
406-848-1005

Organization name: _____

Mailing address: _____

Contact name: _____

Telephone: _____ Email: _____

Project name: _____

Payment request: #_____ Total appropriated: $_____

Previous requests: $_____ Current request: $_____

Summary of request (details of invoices/receipts): _____

_____

_____

_____

_____

Signature of authorized representative: _____ Date: _____

Include copies of receipts/invoices.

If final request, photos must be received at gardinerresorttax@gmail.com prior to final payment release (if indicated on contract).

RESORT TAX OFFICE USE ONLY

District comments: _____

_____

Total appropriation: $_____ Previously paid: $_____ Remaining balance: $_____

Approved by (print): _____ _____

(sign): _____ _____

Board Member Board Member