

**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 info@gardinerresorttax.com prior to final payment
release (if indicated on contract).***

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RESORT TAX OFFICE USE ONLY

District comments: _____

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

Approved by (print): _____

(sign): _____

Board Member

Board Member