



Sponsor Organization's Expenditure Statement of Fact

FOR OFFICIAL USE ONLY

PLEASE PRINT P.O. Box 201431 Helena, MT 59620-1431 • Phone (406) 444-3661 • Fax (406) 444-2086 • mvdtitleinfo@mt.gov • dojmt.gov

Expenditures

Total collected from generic specialty plate fees \$ _____

Expenditures in Montana from specialty plate fees

Description:	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____

Total Expenditures in Montana from Specialty Plate Fees \$ _____

Statement detailing additional information from expenditures

Under penalty of law (§ 45-7-203, MCA), I certify that the statements made, and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and, if signing for a business entity or trust, I full authority to do so.

Signature: _____ Date: _____
This is my legal signature

Printed Name: _____

Email Address: _____ Phone Number: _____