



Office of Business and Tourism

107 S Cascade Ave
Montrose, CO 81401
970.497.8500

MONTROSE BUCKS REQUEST

Requested By: _____ Date Required: _____

Address: _____

E-mail Address: _____ Phone #: _____

Purpose/Check Memo: _____

Total Amount Requested: \$ _____

Denominations of each: \$5's = _____ \$20's = _____

\$10's = _____ \$25's = _____

Customer signature: _____
Sign when request is submitted *Date*

Approved by (authorized OBT staff): _____
Signature *Date*

Issued Bucks received from Finance by (OBT staff): _____
Signature *Date*

Montrose Bucks Received By Customer: _____
Signature *Date*

Form of payment Check # _____ Cash Internal (see below)

Remit Payment To: City of Montrose

Please allow up to one week for processing, unless otherwise specified. Requests may be delivered to the Montrose Downtown Visitor Center or emailed to info@visitmontrose.com.
Payment is due when processing is complete. Cash or local check accepted.

Administrative Use Only

Montrose Bucks Issue Date: _____ Montrose Bucks Check Numbers: _____

Direct Purchase: 001-1785

Special Event GL# _____

Activity # _____

Promotional: GL#: _____

200-6050-358-000 start date _____ exp date _____

Activity # _____

Other - GL #: _____

Activity # _____

GL Memo: _____

Thank you for supporting Montrose businesses with your Bucks purchase!