

PREPAID EXPENSE FORM

Use this form when you have issued payment for goods or services before June 30, but will not receive them until after June 30.

Department: _____ Email Address: _____

Contact Person: _____ Phone Number: _____

Transaction Description:

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Pay from: FY 2024 FY 2025

Dates of service (e.g., expected delivery date, dates of travel, contract period): _____

SEQ	DOCUMENT NUMBER	INDEX	ACCT	ACTIVITY	AMOUNT	VENDOR NAME
1						
2						
3						
4						
5						
6						
7						

PO/Encumbrance #: _____

Authorized Signature: _____

*****Please attach supporting documentation for prepaid (e.g. COPY of invoice)*****

If paying with BPA, also submit BPA to AP Inbox as usual.

Email completed form to ubshelp@montana.edu.