

EXPENSE ACCRUAL FORM

Use this form when you receive goods or services by June 30, but do not pay the invoice by June 30.
Expenses will be recorded in FY24 and reversed in FY25 after they are paid.

Department: _____ Email Address: _____

Contact Person: _____ Phone Number: _____

Transaction Description:

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Were good or services received on or before June 30, 2024? Yes No

Dates goods received or services performed: _____

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

PO/Encumbrance #: _____

Authorized Signature: _____

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

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

Email completed form to ubshelp@montana.edu.