

EXPENDITURE ACCRUAL FORM

Use this form when you received goods or services by June 30, but don't have an invoice to pay by June 30.

Expense will be recorded in FY18.

Entry will be reversed next fiscal year to offset actual expense when the invoice is paid.

Department: _____

Contact Person: _____ Email Address: _____

Phone Number: _____

Transaction _____

Description: _____

Were goods received or services performed on or before June 30, 2018? Yes No Date(s): _____

| SEQ | JRNL TYP | INDEX | ACCT | AMOUNT | | VENDOR NAME |
|-----|----------|-------|------|--------|---|-------------|
| 1 | JAC | | | | D | |
| 2 | JAC | | | | D | |
| 3 | JAC | | | | D | |
| 4 | JAC | | | | D | |
| 5 | JAC | | | | D | |
| 6 | JAC | | | | D | |

PO/Encumbrance #: _____

Authorized
Signature: _____

*****Please Attach Supporting Documentation for Accrual*****

**Submit to Tanya Arrington X3345 - UBS - Montana Hall
or email to tanya.arrington@montana.edu**