

EXPENDITURE ACCRUAL FORM

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

Expenses will be recorded in FY20.

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, 2020? 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*****

**Email completed form to ubshelp@montana.edu. Please contact
Walt Bayless with any questions at x3359.**