

PREPAID FORM

Department: _____

Phone Number: _____

Contact Person: _____

Email Address: _____

Pay From: FY 2020 FY 2021

Transaction

Description: _____

Date(s) of Service

(ex; travel dates, expected date of delivery, contract period): _____

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

Authorized

Signature: _____

*****Please Attach Supporting Documentation for Prepaid*****

Email completed form to ubshelp@montana.edu. Please contact

Tanya Arrington with any questions at x3345.