

PREPAID 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.
Expense will be reversed in FY22, and recorded in FY23.

Department: _____

Phone Number: _____

Contact Person: _____

Email Address: _____

Pay From: FY 2022 FY 2023

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*****

(e.g. copy of BPA and invoice)

Email completed form to ubshelp@montana.edu.

Contact hannah.friedrich@montana.edu with questions.