

## 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](mailto:ubshelp@montana.edu). Please contact [accountspayable@montana.edu](mailto:accountspayable@montana.edu) to receive a copy of this form.**