

## EXPENSE ACCRUAL FORM

Use this form when you receive goods or services by June 30, but do not pay the invoice by June 30.  
Expenses will be recorded in FY26 and reversed in FY27 after they are paid.

Department: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Transaction Description: 

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Were good or services received on or before June 30, 2026?  Yes  No

Dates goods received or services performed: \_\_\_\_\_

SEQ	INDEX	ACCT	ACTIVITY	AMOUNT	VENDOR NAME
1					
2					
3					
4					
5					
6					
7					

PO/Encumbrance #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**\*\*\*Please attach supporting documentation for accrual (e.g. **COPY** of invoice)\*\*\***

**If paying with BPA, also submit BPA to AP Inbox as usual.**

**Email completed form to [ubshelp@montana.edu](mailto:ubshelp@montana.edu).**