

## PREPAID EXPENSE 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.

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

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

Transaction Description: 

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Pay from:      FY 2025      FY 2026

Dates of service (e.g., expected delivery date, dates of travel, contract period): \_\_\_\_\_

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

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

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

**\*\*\*Please attach supporting documentation for prepaid (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)