



PRE-PAY EXPENSE FORM

Back-up documentation must be attached to substantiate the amount of the check.

Shaded areas are for Business Office Use Only

VENDOR NUMBER

LOCATION

VENDOR NAME & ADDRESS

HOLD CHECK

NO

YES

SPECIAL INSTRUCTIONS

UNIT PRICE

AMOUNT

DESCRIPTION

TOTAL AMOUNT

FUND SOURCE
(Previous Program)

ACCOUNT

SUB CLASS

FUND

FISCAL YR

DEPT.

PROJECT

PROGRAM

BUDGET HEAD APPROVAL

DIVISION APPROVAL
