



PRE-PAY EXPENSE FORM

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



VENDOR NUMBER

VENDOR NAME & ADDRESS

HOLD CHECK

NO

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
