

Accounts Payable Year-End Accrual

Include expenses \$500.00 or more

Item	Fund	Budget Unit	Account Number	Date Received	Supplier	Invoice Number	Amount	Estimate (Yes / No)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

Date: _____

Submitted by: _____

1. Attach copy of invoice if available.
2. Indicate “Yes” if amount is estimate.

Please return to the Controller’s Office (Attn: Tom Jones) by 7th workday.