

## VANDERBURGH COUNTY AUDITOR'S OFFICE

E-mail address: [claims@vanderburghgov.org](mailto:claims@vanderburghgov.org)

Web: [www.vanderburgh.org/auditor](http://www.vanderburgh.org/auditor)

### PREPAY EXPENSE FORM

This form is intended for prepaid services. Services such as software support, insurance & bonds, maintenance agreements etc. This form must be submitted with the claim for payment.

ACCOUNT NUMBER	
ACCOUNT DESCRIPTION	
VENDOR NUMBER	
VENDOR NAME	
DESCRIPTION OF PURCHASE	
DATE PAID	
CHECK NUMBER	
AMOUNT OF PURCHASE	
BEGINNING DATE	
ENDING DATE	

1. Enter the account number & description that the invoice is being paid from.
2. Enter the vendor number & name that payment is to.
3. Enter the description of the service being paid for.
4. *The date paid and check number will be entered by bookkeeping after payment.*
5. Enter the amount being paid.
6. Enter the beginning and ending date of the service being paid for.