

RCCD

Accrual Form- VP of Business Services Approved -No Invoice

This form allows you to designate an amount due to a vendor for goods or services that were received or rendered, but not yet billed by June 30.

Please be aware that missing information will result in a return of the accrual form. Attach any related vendor documents, emails, and related materials.

Date: _____

PO/Contract#: _____

Vendor Number: _____ Vendor Name: _____

Amount to accrue: _____

Goods/Services received before 06/30/25 ☐ Yes ☐ No Expected Invoice Date _____

Monthly Recurring Charge ☐ Yes ☐ No

IMPORTANT. Please provide an explanation and attach any additional information regarding the need for this vendor payment accrual request.

The request detailed above represents a payment obligation for the District as of 06/30/2025 [Fiscal Year 2025] and by submitting this form I certify that the accrual is accurate, complete, and understand that this accrual will be reflected in the District's financial statements for FY 2025. I am providing all the necessary information and documents.

Contact Name _____

Requestor Name _____

Dean/Dept. Manager Name _____

Dean/Dept. Manager Approval _____ Date _____

If the accrual amount is more than \$1,000 the following signatures are required.

V.P. Business Services Approval _____ Date _____

Controller Approval _____ Date _____

Due to Accounts Payable no later than July 15, 2025