

**DEPARTMENT OF ADMINISTRATION
STATE ACCOUNTING BUREAU
PO BOX 200102
HELENA, MT 59620-0102**

**215 - STALE-DATE
INTERUNIT JOURNAL
REQUEST**

DOA Use Only
AFF#

Pursuant to MCA, 17-8-303, (MCA, 40-5-910(3) and/or 40-5-202(4), for 6901S only), this affidavit, properly completed, must be prepared and submitted to the Department of Administration. Incomplete or altered forms will not be accepted.

| | | |
|----------------------------------------------------------------------------------------|-----------------------------------|--------------------------|
| 1) Business Unit | 2) Agency Name | 3) Voucher ID |
| 4) Warrant Number | 5) Issue Date (mm/dd/yyyy) | 6) Warrant Amount |
| 7) Stale-Dated Date (mm/dd/yyyy) | 8) Payee Name | |
| 9) Warrant Disposition (check appropriate box) | | |
| <input type="checkbox"/> Warrant Attached <input type="checkbox"/> Disposition Unknown | | |
| 10) Reason for Requesting Stale-Dated Funds be Returned to Agency | | |

11) Attach Stale-Dated Warrant Here
 Or
If no warrant available, attach a print screen of the SABHRS MT Payment Inquiry Screen/Vouchers For a Payment
 Go to *SABHRS Applications (MINE)* and click *Financials*. Navigate to the following path:
Main Menu>Accounts Payable>Review Accounts Payable Info>MT Payment Inquiry. Input Reference (Warrant) number and click the *Search* button. The *Vouchers for a Payment Screen* will appear.

| | |
|---------------------------------------|-----------------|
| 12) Agency Requestor (Printed) | 13) Date |
| 14) Supervisor's Signature | 15) Date |

| To Be Completed by Department of Administration | | | |
|-------------------------------------------------|-----------------------|-------------|------|
| DOA Use Only | Inter-Unit Journal ID | Initials | Date |
| | | Approved By | Date |
| | SABHRS Updated | Initials | Date |