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



E-mail completed form to the WWU Helpdesk (warrantwriter@mt.gov) by 12:45 pm.

Note: All incomplete/altered forms will not be processed.								
1) AP Business Unit			2) Agency Contac		ct	3) Agency Phone		
4) Payee Name								
5) Set ID			6) Voucher ID			7) Supplier ID		
8) Location					9) Warrant Amount			
10) Reason for Emo	ergency	Warrant		1				
11) Agency Instructions	 Verify warrant has passed budget check and is approved prior to submission. Submit form via e-mail (warrantwriter@mt.gov) no later than 12:45 pm. Contact WWU Staff (444-3092) to confirm receipt of the express warrant request. WWU will contact agency when warrant is ready to be picked up at DOA. Reminder: Only authorized staff will be permitted to pick up warrant. 							
12) Agency Authorization	 I authorize the above payment from the State Treasury. I certify that appropriation authority exists to cover this payment. If 1099 reporting is required, the agency will enter that information into SABHRS. 							
	Printed Name				Title			
	Phone	Number	Signa		ature		Date	
To Be Completed by Department of Administration								
D of A Approval	Ap No			Authorized Signature	Da	Date		
Warrant Processed	Warrant Number				Initials	Da	Date	
Print/Mail Notified	Contact/Time				Initials	Da	Date	
Agency Notified	Contact/Time				Initials	Da	Date	