

DEFERRED REVENUE FORM

Use this form when a payment has been received in FY23, but pertains to FY24 activity.
Revenue will be reversed in FY23, and recorded in FY24.

Department: _____ Email Address: _____

Contact Person: _____ Phone Number: _____

Transaction Description:

--

Does the income relate to FY23 activity?: Yes No

Dates of service: _____

SEQ	DOCUMENT NUMBER	INDEX	ACCT	ACTIVITY	AMOUNT	DESCRIPTION
1						
2						
3						
4						
5						
6						
7						

Authorized Signature: _____

*****Please attach supporting documentation (e.g. copy of invoice)*****
[Email completed form to ubshelp@montana.edu.](mailto:ubshelp@montana.edu)