

# REVENUE ACCRUAL FORM

Use this form when you provided goods or services by June 30, but have not received the payment/income by June 30.

Income will be recorded in FY20.

Entry will be reversed next fiscal year to offset income when the payment is received.

Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Transaction: \_\_\_\_\_

Description: \_\_\_\_\_

Does the income relate to FY20 activity?                      Yes                      No

SEQ	JRNL TYP	INDEX	ACCT	AMOUNT		Name of vendor/person payment is expected from	Date Expected
1	JE16				C		
2	JE16				C		
3	JE16				C		
4	JE16				C		
5	JE16				C		
6	JE16				C		

Authorized  
Signature: \_\_\_\_\_

**\*\*\*Please attach documentation to support amount of accrual\*\*\***  
(i.e. disbursement voucher submitted to Foundation, copy of invoice sent, etc)