

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 FY22.

Entry will be reversed next fiscal year (FY23) to offset income when the payment is received.

Department: _____

Contact Person: _____ Email Address: _____

Phone Number: _____

Transaction: _____

Description: _____

Does the income relate to FY22 activity? Yes No Date payment expected: _____

SEQ	JRNL TYP	INDEX	ACCT	AMOUNT		Name of vendor/person payment is expected from
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*****

(e.g. disbursement voucher submitted to Foundation, copy of invoice sent, etc)

**Email completed form to UBShelp@montana.edu. Please contact
Hannah Friedrich with any questions at hannah.friedrich@montana.edu.**