

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 FY19.

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 FY19 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)