

## REVENUE ACCRUAL FORM

Use this form when you provided goods or services by June 30, but have not received payment by June 30.  
Revenue will be recorded in FY24, and reversed from FY25 when payment has been received.

Department: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Transaction Description:

Does the income relate to FY24 activity?  Yes  No

Dates of service: \_\_\_\_\_

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

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

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