

DEFERRED REVENUE FORM

Use this form when a payment has been received in FY26, but pertains to FY27 activity.
Revenue will be reversed in FY26, and recorded in FY27.

Department: _____ Email Address: _____

Contact Person: _____ Phone Number: _____

Transaction

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Does the income relate to FY27 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)