

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 FY25, and reversed from FY26 when payment has been received.

Department: _____ Email Address: _____

Contact Person: _____ Phone Number: _____

Transaction Description:

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Does the income relate to FY25 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)