

DEFERRED REVENUE FORM

Use this form when a payment has been received in FY24, but pertains to FY25 activity.
Revenue will be reversed in FY24, and recorded in FY25.

Department: _____ Email Address: _____

Contact Person: _____ Phone Number: _____

Transaction Description:

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| |
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Does the income relate to FY25 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)