

## Revenue Loss Form

Program Name \_\_\_\_\_

Division \_\_\_\_\_

Cost Center(s) \_\_\_\_\_

**(A) Justification/Narrative for Loss in Revenues**

(B) Reduction in Revenue Budget (Select from Drop-Down)	Amount of Decrease
<b>Total Decrease in Revenues for Cost Center(s)</b>	

(C) Corresponding Reduction in Expenditure Budget (Select from Drop-Down)	Amount of Decrease
<b>Total Decrease in Expenditures for Cost Center(s)</b>	

**(D) Justification if Unable to Reduce Expenditures to Match Revenue Reduction**

**(E) Please Attach a Completed Budget Revision**

**Authorizations**

Program Manager \_\_\_\_\_ Date \_\_\_\_\_

## **Revenue Loss Form Instructions**

1. This form is to be completed by the Program only if Program is impacted by revenue loss as a result of unforeseen circumstances

Example: cancellation of workshops offered by a department due to Covid 19 prevention measures, resulting in loss of revenues budgeted

3. Section (A): Provide justification/ explanation for loss of revenue
4. Section (B): Provide decrease in revenue budget by object code
5. Section (C): Provide decrease in expenditure budget to the extent the program is able to absorb
6. Section (D): to be completed if program is unable to absorb the revenue loss to the full extent
7. Section (E) Please attach a completed 'Request for Budget Transfer/Revision' Form, providing budget changes in detail
8. Submit completed Revenue Loss Form and completed Budget Transfer/Revision Form to your Program Accountant
9. Program Accountant will process the budget revision submitted.