

DEFERRED REVENUE FORM

Complete the following form to defer funds or transfer funds previously deferred back into operating (please refer to 4-4-06-150 Deferred Protected and Unearned Revenues). The completed form should be emailed to Finance Help at financehelp@northernhealth.ca.

SECTION 1: To Defer Funds	FILE #: _____ <small>For a new file indicate "new" on above line.</small>
File Manager's name: _____	Department: _____
Yes, the supporting documentation, from the provider, is attached. <input type="checkbox"/>	
The following deferral criteria must be met and supporting third party documentation must be provided.	
<ol style="list-style-type: none"> 1) The threshold for a deferral is \$10,000, except donations which is \$1,000 (refer to DONATIONS AND CONTRIBUTIONS 4-4-04-020 and DEFERRED PROTECTED AND UNEARNED REVENUES 4-4-06-150); 2) Funder has specified in writing the purpose of the funds; 3) Funder as specified in writing the date in which the funds must be used by; AND 4) Funder has specified in writing the required course of action, should the funds not be used for the specified purpose and by the specified date (i.e. - funds have to be returned, etc.). 	
1) Amount to defer: _____	
2) Name of funder: _____	
3) Program name: _____	
4) Purpose of funds: _____	
5) Date funds must be used by: _____	
6) Course of action required if funds not used for specified purpose or by specified date: _____	
7) Account code where funds have been received: _____	

SECTION 2: To Use Deferred Funds	FILE #: _____
1) Amount of withdrawal: _____	
2) Description of what funds were used for: _____	
3) Account code (where the PO, contract or PCard was charged to): _____	

SECTION 3: Manager Approval (must be signed by the manager of the deferred file/department)	
Print Name: _____	Date: _____
Signature: _____	