Form 3: Accounts Receivable Write-Off Request

Department Code: _____ Contact Name: _____

Account Number: _____ Phone Number: _____

This is to request that the following list of accounts receivables be charged off as uncollectible. Every collection effort has been made and no further collection is foreseen. All collection efforts have been pursued in accordance with System Regulation 21.01.04 and our documented departmental procedures. It is understood that invoices may only be written off when they are one year old or older or if the customer has filed for bankruptcy. At no time is a department allowed to waive an uncollectable debt without submitting a write-off request. Departments may not reduce or cancel payments due from customers. This not only includes unpaid invoices, but also includes returned checks that have not been repaid. The percentage written off should not exceed 10% of the total receivables billed for that particular fiscal year. If the percentage exceeds 10%, a detailed explanation must be attached and signed by the Department Head.

Attached is supporting documentation (invoice copies, past due letters, statement from collection agency, bankruptcy notices, etc.) and/or a general summary of the collection efforts made by this department. A copy of the approved extension of credit letter and documented procedures for the collection of receivables is also attached.

Attached is the State Hold Form for each customer listed that has not been placed on State Hold prior to the completion of this form. The State hold process was followed in accordance to the State's Accounting Policy Statement APS 028 and all state holds will be maintained in the State's Financial Accounting System.

Invoice Date	Customer's Name	Listing of Invoices	Amount	Total AR's billed in FY15	Total AR's billed in FY16
				0.00%	% of Write-off
		TOTAL	$ 0		

Date Department Head Signature

Date FMO Approval