Financial Management Operations
Sales & Receivables
General Services Complex -3150
6000 TAMU
College Station, TX 77843-6000

DUE DATE: September 1, 2009

Reset Form | Print

Form 5: Accounts Receivable

This form is used to report the total accounts receivables billed and upaid as of August 31, 2009 that are not currently showing on departmental accounts in FAMIS. A separate form is required for each account/support account. Pledge receivables should not be included on this form. They must be submitted on the PLEDGE FORM. Accounts receivables that are to be written off much be submitted on Form 3.

Attached is supporting documentation (invoice copies, etc) showing the department is owed the funds from the listed customers. Also attached is a copy of the approved extension of credit letter.

Attached is the State Hold Form for each customer with invoices 120 days past due owing a total of $100.00 or more not placed on State Hold prior to the completion of this form.

Department Name: _____ Contact Name: _____

Account-Support Account: _____ Phone Number: _____

Enter total amount for each different revenue code and indicate the aging of each total. This should be for TAMU System Customers ONLY.

All TAMU System Parts Customers	Total Amount	Revenue Code	0-30 Days Past Due	31-60 Days Past Due	61-90 Days Past Due	91-180 Days Past Due	> 180 Days Past Due
0000000000001							
0000000000001							
0000000000001							
0000000000001							
0000000000001							
0000000000001							
0000000000001							
0000000000001							
Total	0						

Enter total amount for each different revenue code and indicate the aging of each total. This should be for Non-TAMU System Customers ONLY (inlcuding SOFC Accounts)

All Non-TAMU System Parts including SOFC	Total Amount	Revenue Code	0-30 Days Past Due	31-60 Days Past Due	61-90 Days Past Due	91-180 Days Past Due	> 180 Days Past Due
6800000000000							
6800000000000							
6800000000000							
6800000000000							
6800000000000							
6800000000000							
6800000000000							
6800000000000							
Total	0						

Please note that any outstanding receivable reversed by FMO that the department has not been able to collect on should be reported on this form.

If there are no accounts receivables to report, please indicate so by writting NONE across the top of this page.

Date _____ Department Head Signature

Date _____ FMO Approval