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

DUE DATE: August 1, 2011

Reset Form | Print

Form 3: Accounts Receivable Write-Off Request

Department Name: ____________________ 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. 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) showing the collection efforts made by this department and a copy of the approved extension of credit letter.

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.

Invoice Date	Customer's Name	Listing of Invoices	Amount	Total AR's billed in FY09	Total AR's billed in FY10

0.00% **% of Write-off**

TOTAL 0

Date Department Head Signature

Date FMO Approval