

REQUEST TO REMOVE UNCOLLECTABLE ACCOUNTS RECEIVABLE FROM STATE RECORDS

IMPORTANT: IT IS IMPERATIVE THAT EITHER A SOCIAL SECURITY OR FEDERAL ID NUMBER BE SUPPLIED FOR EACH ACCOUNT LISTED.

Requesting Agency **DEPARTMENT:**

DIVISION:

Code:
 A = Approved
 D = Disapproved

Permission is requested to remove the following accounts receivable that are deemed uncollectable:

Date of Debt	Debtor's Name	Agency Assigned Account Number	Social Security or FEIN No.	Unpaid Amount	Nature of Debt	Reason Account is Uncollectable	A/D

Division of Administration, Special Administrative Services Unit - Recommendation:

CERTIFICATION

I hereby certify that all generally accepted collection efforts were made and documentation in support of these efforts is on file at the agency location.

Agency Approval Officer

Title

Date

FINAL DETERMINATION

I hereby direct that the action indicated above be taken for each of the items listed.

Director, Office of Management & Budget

Date