

Write Off Request Form

**Accounts
Receivable**
2500 University Drive NW
Calgary, AB
T2N 1N4
finance@ucalgary.ca

SECTION 1 Requestor Info

Date of Request:
Phone Number:

Requested By:
E mail Address:

SECTION 2 Department Info

Department Name:
Budget Owner Name:
Budget Owner Phone Number:

Faculty:
Budget Owner E mail Address:
Budget Owner Signature:

SECTION 3 Budget Owner Certification

I authorize the below listed invoice(s) and returned cheque(s) to be written off of my department or project bad debt expense account (60280). I verify that due diligence in collection efforts has been exercised in the following ways (Select one option below):

..... The requested write off was originally invoiced through the PeopleSoft Billing module and collections were conducted in adherence with the University's External Billing Policy and Procedures (proceed to section 5).

..... The requested write off was not invoiced through the PeopleSoft Billing module (proceed to section 4).

SECTION 4

..... After six months, an external collection agency was used for all past due accounts over \$100.

..... List any additional action taken and provide justification for any listed actions not taken.

SECTION 5 Invoice Information

Name of Individual or Organization:
Amount Owning: **4)-**
Description of Receiv

Reason for Write Off (Select all that apply):

- Accounts returned by the collection agency.
- Bankruptcy of the debtor was legally declared.
- Accounts have aged greater than 365 days.
- Debtor organization no longer in business.
- Other (please explain):

Original Chartfield(s) credited:

Business

Unit	Fund	Dept ID	Account	Internal	Project	Activity
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SECTION 6 Special Notes or Additional Information

Accounts Receivable Office Use Only

Date Request Received:
Approval Date:

Request Approved By: