



Write Off Request Form

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

SECTION 1 Requestor Info	
Date of Request:	Requested By:
Phone Number:	E-mail Address:

SECTION 2 Department Info	
Department Name:	Faculty:
Budget Owner Name:	Budget Owner E-mail Address:
Budget Owner Phone Number:	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 Confirmation of Process for Non-PeopleSoft Invoices	
Select all of the actions completed by your department. Provide a justification for any actions not completed in the space provided	
Statements or Invoices were mailed monthly.	
A monthly receivables aging report was prepared.	
The aging report was reviewed by the Budget Owner or designate.	
Statements or invoices with reminders or collection letters were mailed for all past due accounts.	
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 Owing:						
Description of Receivable:						
Select Situation and Corresponding AR Action:						
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

SECTION 6 Special Notes or Additional Information

Accounts Receivable Office Use Only	
Date Request Received:	Request Approved By:
Approval Date:	