FINANCIAL WRITE-OFF CERTIFICATION

Official Authorization & Record Statement

Document Control No:	**Date of Request:**
Department/Division:	**Prepared By:**

DEBTOR & ACCOUNT INFORMATION

Account Name / Debtor Name	
Account Number	
Original Transaction Date	
Date of Last Payment	

FINANCIAL SUMMARY & WRITE-OFF AMOUNT

Description	Outstanding Balance ($)	Amount to Write-Off ($)
Principal Amount		
Interest / Late Fees		
Other Fees / Charges		
Total		

REASON FOR WRITE-OFF REQUEST

- ☐ Statute of Limitations Expired
- ☐ Debtor Deceased / No Estate Assets
- ☐ Corporate Bankruptcy / Liquidation
- ☐ Cost of Collection Exceeds Recoverable Amount
- ☐ Unsuccessful Collection Agency Referrals
- ☐ Other (Specify in detailed description below)

DETAILED JUSTIFICATION & EFFORTS MADE TO COLLECT

CERTIFICATION & AUTHORIZATION

We, the undersigned, hereby certify that the outstanding balance specified above has been determined to be uncollectible. All reasonable, practical, and lawful collection procedures have been exhausted. We recommend that this balance be officially written off the books of account and directed to the appropriate allowance for doubtful accounts. This action does not waive the legal right to collect should the debtor's

financial status change in the future.

Prepared By (Signature / Date)

Name:
Title:

Reviewed By (Signature / Date)

Name:
Title:

Authorized Approval (Signature / Date)

Name:
Title: Chief Financial Officer

Authorized Approval (Signature / Date)

Name:
Title: Executive Director