UNCOLLECTIBLE DEBT WRITE-OFF STATEMENT

Official Record of Account Cancellation

DOCUMENT NO:

DATE:

CREDITOR INFORMATION

COMPANY NAME:

DEPARTMENT:

ADDRESS:

DEBTOR INFORMATION

ACCOUNT NAME:

ACCOUNT NUMBER:

BILLING ADDRESS:

CONTACT PERSON:

PHONE / EMAIL:

OUTSTANDING DEBT DETAILS

INVOICE DATE	INVOICE NUMBER	DESCRIPTION OF DEBT	OUTSTANDING AMOUNT
		Total Write-Off Amount:	

REASON FOR WRITE-OFF

The outstanding balance listed above has been reviewed and determined to be uncollectible. All reasonable collection efforts have been exhausted. It is hereby recommended that this amount be written off as bad debt and removed from the active accounts receivable ledger.

Prepared By (Name & Title)

SIGNATURE / DATE:

Authorized Approval (Name & Title)

SIGNATURE / DATE: