

# BAD DEBT WRITE-OFF

Statement of Uncollectible Accounts

## STATEMENT DETAILS

Document No:

Date:

Prepared By:

## DEBTOR ACCOUNT DETAILS

Customer Name:

Account Number:

Contact Person:

| INVOICE DATE            | INVOICE NUMBER | ORIGINAL AMOUNT (\$) | UNPAID BALANCE (\$) | WRITE-OFF AMOUNT (\$) |
|-------------------------|----------------|----------------------|---------------------|-----------------------|
|                         |                |                      |                     |                       |
|                         |                |                      |                     |                       |
|                         |                |                      |                     |                       |
|                         |                |                      |                     |                       |
| TOTAL WRITE-OFF AMOUNT: |                |                      |                     |                       |

## REASON FOR WRITE-OFF & COLLECTION EFFORTS SUMMARY

## AUTHORIZATION & SIGN-OFF

---

AUTHORIZED SIGNATURE DATE

Name: \_\_\_\_\_

Title: \_\_\_\_\_

---

FINANCIAL OFFICER SIGNATURE DATE

Name: \_\_\_\_\_

Title: \_\_\_\_\_