ACCOUNTS RECEIVABLE WRITE-OFF REQUEST

Standard Operating Document

Request Date: _____ **Request No:** _____

Prepared By: _____ **Department:** _____

CUSTOMER & ACCOUNT DETAILS

Customer Name: _____

Account No: _____ **Contact Person:** _____

FINANCIAL DETAILS

INVOICE NUMBER	INVOICE DATE	ORIGINAL AMOUNT	OUTSTANDING BALANCE	WRITE-OFF AMOUNT
			TOTAL REQUEST AMOUNT:	

REASON FOR WRITE-OFF

- ☐ Customer Insolvency / Bankruptcy
- ☐ Uncollectible / Exhausted Recovery Efforts
- ☐ Disputed Invoice / Settlement Agreement
- ☐ Administrative / Billing Error
- ☐ Other (specify below)

AUTHORIZATION SIGNATURES

ROLE	SIGNATURE	DATE
Department Manager		

ROLE	SIGNATURE	DATE
Credit / Collections Manager		
Chief Financial Officer (CFO)		