BAD DEBT WRITE-OFF STATEMENT

Authorization & Record Form

Company Name:

Department:

Statement Date:

Reference No:

DEBTOR INFORMATION

Customer Name:

Account Number:

Contact Person:

Phone / Email:

Billing Address:

ACCOUNTS TO BE WRITTEN OFF

Invoice Number	Invoice Date	Due Date	Original Amount	Write-Off Amount
			Total Amount to Write-Off:	

REASON FOR WRITE-OFF

Justification:

AUTHORIZATION & APPROVALS

By signing below, the authorized personnel approve the removal of the aforementioned uncollectible balances from the active accounts receivable ledger.

Prepared By:

Signature:

Date:

Approved By:

Signature:

Date: