

UNPAID INVOICE WRITE-OFF RECORD

Statement of Uncollectible Accounts

Record Date:

Write-Off Number:

Prepared By:

Authorized By:

DEBTOR ACCOUNT INFORMATION

Customer Name:

Account Number:

Contact Person:

Phone / Email:

UNCOLLECTIBLE INVOICE DETAILS

Invoice No.	Invoice Date	Due Date	Original Amount	Amount Paid	Write-Off Amount
Total Write-Off Amount:					

REASON FOR WRITE-OFF

- ☐ Customer Bankruptcy
- ☐ Out of Business
- ☐ Deceased Debtor
- ☐ Settled/Compromise
- ☐ Legal Action Exhausted
- ☐ Collection Agency Returned
- ☐ Small Balance / Uneconomical
- ☐ Dispute Unresolved
- ☐ Other (Specify below)

Explanation:

ACCOUNTING ENTRY

Debit Account Name:

Debit GL Code:

Credit Account Name:

Credit GL Code:

Prepared By (Finance/Billing)

Date: _____

Authorized Signature (Management)

Date: _____