

**STATE AUDITOR'S OFFICE
RECEIVABLES-UNCOLLECTIBLE**

Please list the following information for each debt you are certifying uncollectible. The facts and action, which are the basis for the decision that the debt is uncollectible, shall be documented in writing and shall be maintained, as required by W.S. 9-2-410.

RECEIVABLE (RE) DOCUMENT: _____

NAME OF DEBTOR: _____
LAST KNOWN ADDRESS: _____

DATE ORIGINAL DEBT BECAME DUE AND PAYABLE: _____ (MM/DD/YYYY)

AMOUNT OF ORIGINAL DEBT: _____ (Total amount of original debt.)

AMOUNT OF CURRENT DEBT: _____ (Amount remaining to be written-off. Do not use a zero amount to indicate reduction of debt.)

PURPOSE OF DEBT INCURRED: (Please indicate goods and/or services provided. BE SPECIFIC. If hospitalization is involved, indicate time period and name of individual hospitalized.)

ACTION TAKEN TO COLLECT DEBT: (Be specific. List dates, collection agency used if any, etc.)

RESULT OF COLLECTION ATTEMPTS: (Why debt remains unpaid.)

SOURCE OF FUNDS FOR DEBT: List entire coding:

***Required Information for All Write-Offs**
***BUDGET FISCAL YEAR** (xxxx): _____
***FUND** (xxx): _____
***DEPARTMENT** (xxx): _____
***APPROPRIATION** (xxx): _____
***UNIT** (xxxx): _____

Choose One of the Following for the Write-Off
REVENUE SOURCE (xxxx): _____
OBJECT/SUB-OBJ (xxxx-xx): _____
BSA (xxxx): _____

FUNCTION: _____
PROGRAM, PHASE,
PROGRAM PERIOD: _____

The Function (Project number) associated with the NSF check, if applicable.

The Program, Phase, Program Period (Grant number) associated with the NSF check, if applicable.

"I certify that the above debt is past due and owed to _____ (agency), that several attempts have been made to collect the debt, the debt remains unpaid and, in my opinion, is uncollectible."

Chief Administrative Officer