

A/R WRITE-OFF AUTHORIZATION FORM

Customer Code: _____

Control No. _____

Customer Name: _____

Date: _____

Invoice No.	Invoice Date	Balance Due	Write-Off Amount	Reason
\$		\$		
Total Write-Off Amount			\$	

REQUESTED BY: _____
(Print Name)

SIGNATURE: _____

DATE: _____

APPROVED BY: _____
(Print Name)

SIGNATURE: _____

DATE: _____

COMMENTS: _____

ACCOUNTING

POST DATE: _____

REFERENCE: _____

BY: _____