



# Accounts Receivable Credit Request Form (ARCRF)

1. Date:	Request #
Fiscal Year	Adjustment:
	<input type="checkbox"/> CREDIT
	<input type="checkbox"/> DEBIT

2. Type of Credit

AGENCY       T-BAR (CRF)       OTHER

3. FUND	
<input checked="" type="checkbox"/> CRF	<input type="checkbox"/> PPRF
<input type="checkbox"/> SSRF	<input type="checkbox"/> SSPRF
<input type="checkbox"/> SGRF	<input type="checkbox"/> WCRF
<input type="checkbox"/> Other	_____

<p>4. BUREAU Use Only</p> <p><input type="checkbox"/> Approved      <input type="checkbox"/> Disapproved</p> <p>By: _____</p> <p>Date to Accounting: _____</p>	<p>5. DoIT Accounting Use Only</p> <p><input type="checkbox"/> Approved      <input type="checkbox"/> Disapproved</p> <p>By: _____</p> <p>Date Applied: _____      Date Returned to Bureau: _____</p> <p>Memo #: _____</p>
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6. Billing Account # to be Applied:	7. Billing Invoice # to be Applied:	8. Original Billing Account #:	9. Original Billing Invoice #:
10. Account # (AU):	11. Agency:	12. Department	
13. Vendor		14. Miscellaneous	

15. Description and Reason for Credit Adjustment	16. Cost Center	17. Amount
<b>18. TOTAL CREDIT ADJUSTMENT:</b>		
19. DoIT or Telephone Co. Representative Contacted:		Telephone Number: _____
20. Person Completing Request:		Telephone Number: _____