Reclamation Manual

Directives and Standards

7-487 (9-07) Bureau of Reclamation

> DATE ON REMITTANCE

DATE ON REMITTANCE

DAILY ABSTRACT OF REMITTANCES

Region/Office	No			
Location				
NAME OF REMITTER	BILL NO. YR TYPE LOC SERIAL NO.	TYPE OF REMITTANCE	AMOUNT	
COST FUND PROJECT/ PROGRAM JOB NUM STRUCTURE			ENUE LAND-DISPO	SITION
NAME OF REMITTER	YR TYPE LOC SERIAL NO.	TYPE OF REMITTANCE	AMOUNT	
COST FUND PROJECT/ PROGRAM JOB NUME STRUCTURE	-	R REV	ENUE LAND-DISPO	SITION
NAME OF REMITTER	BILL NO. YR TYPE LOC SERIAL NO.	TYPE OF REMITTANCE	AMOUNT	
COST FUND PROJECT/ PROGRAM JOB NUME STRUCTURE		R REV	ENUE LAND DISPO	SITTON
NAME OF REMITTER	BILL NO. YR TYPE LOC SERIAL NO.	TYPE OF REMITTANCE	AMOUNT	

DATE ON	NAME OF REMITTER	BILL NO.	TYPE OF	AMOUNT	
REMITTANCE		YR TYPE LOC SERIAL NO.	REMITTANCE		
	COST FUND PROJECT/ PROGRAM JOB NUM STRUCTURE		R REV	ENUE LAND-DISPOSITION	
DATE ON REMITTANCE	NAME OF REMITTER	BILL NO. YR TYPE LOC SERIAL NO.	TYPE OF REMITTANCE	AMOUNT	
	COST FUND PROJECT/ PROGRAM JOB NUM STRUCTURE	BER COST CENTE	R REV	ENUE LAND-DISPOSITION	
DATE ON REMITTANCE	NAME OF REMITTER	BILL NO. YR TYPE LOC SERIAL NO.	TYPE OF REMITTANCE	AMOUNT	
	COST FUND PROJECT/ PROGRAM JOB NUM STRUCTURE		R REV	ENUE LAND DISPOSITION	
DATE ON REMITTANCE	NAME OF REMITTER	BILL NO. YR TYPE LOC SERIAL NO.	TYPE OF REMITTANCE	AMOUNT	
	COST FUND PROJECT/ PROGRAM JOB NUM STRUCTURE		R REV	ENUE LAND DISPOSITION	
DATE ON REMITTANCE	NAME OF REMITTER	BILL NO. YR TYPE LOC SERIAL NO.	TYPE OF REMITTANCE	AMOUNT	
	COST FUND PROJECT/ PROGRAM JOB NUM STRUCTURE	BER COST CENTE	R REV	ENUE LAND-DISPOSITION	

Signature(Preparer)	Title	Date
Received the above-listed remittance on (Month)	(Day) , 20, 20(Year)	SF-215 No
Signature	Authorized Collection Officer	Date of Deposit

Prepare in 3 copies. See reverse side for instructions

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Daily Abstract of Remittances 7-487

This form is to be completed as follows:

Date of Remittance: The date of the check. If cash is received, enter the date received.

Name of Remitter: The name of the payee.

<u>Bill Number:</u> If known, the 10 digit bill number (Master Document Number) should be entered. Otherwise, enter any other identifying information -- sales receipt numbers, reason for remittance -- land lease, purchase of specifications, freedom of information correspondence, etc.

<u>Type of remittance:</u> Cash, personal check, money order, government check, cashier check, etc.

Amount: Amount of remittance

<u>Cost Structure (Optional)</u>: If Bill Number is not known, and Cost Structure is available, complete this block.

Cost Center (Optional): Same as above.

<u>SF-215 Number and Date (Optional)</u>: To be completed by the Authorized Collection Officers in Offices/Regions where procedures require this information.

<u>Copies - Point of Receipt:</u> An original and 2 copies should be prepared. The original and 1 copy should be forwarded with remittance to the Authorized Collection Officer (ACO). A copy is to be retained until the signed copy acknowledging receipt is returned by the ACO.

<u>Authorized Collections Officers:</u> The Authorized Collection Officers are responsible for furnishing copies to Lockboxes 84-27730, and other offices as needed to meet Office/Regional requirements