

Reclamation Manual
Directives and Standards

**SAMPLE
REQUEST TO ADD/UPDATE/ DELETE DEBT
TREASURY OFFSET/DEBT SERVICING PROGRAM**

FIELD	ENTRY/ACTION
Debt Number	
Last Name	
First Name	
Middle Initial	
Vendor Number	
TIN	
Address 1	
Address 2	
City	
State	
Zip Code	
Date Open	
Date Delinquent	
Debt Type	
Original Amount	
Initial Amount Referred for Offset	
Current Balance	System generated
Please check appropriate box:	<input type="checkbox"/> CP <input type="checkbox"/> CS <input type="checkbox"/> CW <input type="checkbox"/> TP <input type="checkbox"/> TS <input type="checkbox"/> TW

Requester Signature

Date Requested

Entered By (FAD)

Date Entered

Debts must be certified by the Regional Finance Officer. Use Certification Form. One form for a group of referrals.