

Reclamation Manual

Directives and Standards

REQUEST FOR/AUTHORIZATION FOR WRITE-OFF OF BILL FOR COLLECTION

REQUESTING OFFICE: Bureau of Reclamation
XX Region

Bill for Collection _____
Name of Payor _____
Vendor Number _____
Taxpayer ID # _____
AMOUNT _____

TYPE OF BILL FOR COLLECTION:

- Payroll/Health
- Travel
- Purchase
- Contract
- Other:

REASON FOR REQUEST TO WRITE-OFF:

- Inability to collect any substantial amount
- Inability to locate debtor
- Cost to collect will exceed recovery
- Claim legally without merit
- Claim cannot be substantiated with evidence
- Collection not in the best interest of the United States
- Other:

Prepared By _____ Date _____

Reviewed by _____ Date _____
Manager, Accounts Receivable and Travel Team
or Regional Finance Officer

Certification, Accounts Receivable and Travel Team _____ Date _____

CONCURRENCE/AUTHORIZATIONS

Authority for write-off of claims up to \$1,000.00,
exclusive of interest, penalty and administrative fees.

Manager, Accts Rec & Travel Team Date _____
or Regional Director

CONCURRENCE/AUTHORIZATIONS

Authority for write-off of claims \$1,000.01 to \$10,000.00
exclusive of interest, penalty and administrative fees.

Manager, Finance & Accounting Division Date _____
or Regional Director

CONCURRENCE/AUTHORIZATIONS

Authority for write-off of claims \$10,000.01 to \$25,000.00
exclusive of interest, penalty and administrative fees.

Manager, Finance & Accounting Division Date _____

Director, Management Services Date _____
or Regional Director

CONCURRENCE/AUTHORIZATIONS

Authority for write-off of claims \$25,000.01 to \$100,000.00
exclusive of interest, penalty and administrative fees.
Reference FAM No. 94-022 dated July 14, 1994

Manager, Finance & Accounting Division Date _____

Director, Management Services Date _____
or Regional Director

Solicitor Date _____

CONCURRENCE/AUTHORIZATIONS

Authority for write-off of claims over \$100,000.00
exclusive of interest, penalty and administrative
fees Reference FAM No. 94-022 dated July 14, 1994

Manager, Finance & Accounting Division Date _____

Director, Management Services Date _____
or Regional Director

Solicitor Date _____

Department of Justice Date _____