CAMPUS SERVICES
FINANCE

Tenant: ____________________________

Org: ____________________________

Unit #: ____________________________

Amount: $ ____________________________

Reason for write off: ____________________________

Authorized Signature : ____________________________

Date : ____________________________

Endorsed by authorized signatory (if amount exceeds $20,000)

Controller: ____________________________

Date: ____________________________

FOR HRES ACCOUNTS RECEIVABLE USE

_____ Written off in Yardi AR

DATE: ______________

BY: ____________________________