



Request to Establish Accounts Receivable

Date: _____

To: _____

From: _____

Type of Receivable: _____

Name: _____ Telephone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date: _____

Social Security Number: _____

Billing Code: _____

Due Date: _____

Federal Employer Identification Number: _____

Contract Number: _____

Amount: _____

Line/Fund: _____

Agency: _____

Activity: _____

Revenue Source/Sub-Account: _____

Sub Program/Grant
Fiscal Year/State
Fiscal Year: _____

Description: _____

Accounts Receivable Number: _____

Line/Fund: _____

Agency: _____

Activity: _____

Revenue Source/Sub-Account: _____

Sub Program/Grant
Fiscal Year/State
Fiscal Year: _____

Description: _____

Accounts Receivable Number: _____

Line/Fund: _____

Agency: _____

Activity: _____

Revenue Source/Sub-Account: _____

Sub Program/Grant
Fiscal Year/State
Fiscal Year: _____

Description: _____

Accounts Receivable Number: _____

Voucher Number: _____

Appropriation Code: _____

Voucher Date: _____

Warrant Number: _____

Voucher Number: _____

Appropriation Code: _____

Voucher Date: _____

Warrant Number: _____

Voucher Number: _____

Appropriation Code: _____

Voucher Date: _____

Warrant Number: _____