

Reclamation Manual

Directives and Standards

7-487 (06-2018)
Bureau of Reclamation



DAILY ABSTRACT OF REMITTANCES

See Instructions on reverse

RECLAMATION
Managing Water in the West

Region/Office: _____		Abstract No.: _____		
Location: _____				
Mail Room Section (Section completed by Mail Room Personnel)				
Date on Remittance	Name of Remitter	Type of Remittance	Check No.	Amount
Finance Office Section (Section completed by Finance Office Personnel)				
Bill No.	Fund	WBS	Cost Center	Commitment Item
Mail Room Section (Section completed by Mail Room Personnel)				
Date on Remittance	Name of Remitter	Type of Remittance	Check No.	Amount
Finance Office Section (Section completed by Finance Office Personnel)				
Bill No.	Fund	WBS	Cost Center	Commitment Item
Mail Room Section (Section completed by Mail Room Personnel)				
Date on Remittance	Name of Remitter	Type of Remittance	Check No.	Amount
Finance Office Section (Section completed by Finance Office Personnel)				
Bill No.	Fund	WBS	Cost Center	Commitment Item
Mail Room				
 Mail Room Preparer's Signature		 Preparer's Title		 Date
Finance Office				
 Finance Office Preparer's Signature		 Preparer's Title		 Date
Received the above-listed remittance on _____			SF-215 No.: _____	
 Authorized Collection Officer's Signature			Date of Deposit: _____	
FIN 07-10				

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Daily Abstract of Remittances Instructions
Fill out separate Daily Abstract of Remittances forms for domestic and foreign remittances. Complete the form as follows:
Mail Room Section Date on Remittance: The date of the check. If cash is received, enter the date received. Name of Remitter: The name of the payee. Type of Remittance: Cash, personal check, money order, government check, cashier check, etc. Check No.: If remittance is a check, enter the check number. Amount: Amount of remittance.
Finance Office Section Bill No.: If known, enter the 10-digit bill number (invoice/document number). Otherwise, enter any other identifying information: sales receipt numbers, reason for remittance – land lease, purchase of services, freedom of information correspondence, etc. Fund and Work Breakdown Structure (WBS) (Optional): If the bill number is not known, and fund and WBS are available, complete this block. Cost Center (Optional): Same as above. Commitment Item: Same as above. Copies - Point of Receipt: Prepare an original and two copies. Forward an original and a copy with the remittance to the Authorized Collections Officer (ACO). Retain a copy until the ACO returns a signed copy acknowledging receipt. Authorized Collections Officer or ACO: The ACOs are responsible for furnishing copies to Lockboxes 84-27730 and other offices as needed to meet office/regional requirements.