FIN 08-20
Appendix C

Support and Services for Financial Management

Request to Refer Debt to Fiscal Service for Collection

Offset Request To:
- Add
- Update
- Cancel Fiscal Service Collection

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address Line 2:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip:</td>
</tr>
</tbody>
</table>

Customer Number: | Bill Date: |
Bill Number(s): | Original Bill Amount: |

Due Date Notice Date: | Amount Paid: |
Notice of Intent Date: | Payment Due Date: |
Amount Referred for Offset: |

Requester Signature: | Date Requested: |
Entered By: | Date Entered: |

Debts must be certified by the Regional Finance Officer. One certification form may be used for a group of referrals.

Privacy Act Statement: