

Reclamation Manual

Directives and Standards

7-2684 (01-2024)
Bureau of Reclamation



REQUEST FOR WRITE OFF OR CLOSE OUT OF BILL FOR COLLECTION



Requesting Office: _____		Date: _____
Bill for Collection Number: _____		Amount: _____
Customer Name: _____		Customer Number: _____
Type of Bill for Collection		
<input type="checkbox"/> Payroll/Health <input type="checkbox"/> Travel <input type="checkbox"/> Purchase <input type="checkbox"/> Contract		
<input type="checkbox"/> Other: _____		
Reason for Request to Write Off		
(Fiscal Services or Reclamation will continue to pursue collections unless close out is requested)		
<input type="checkbox"/> Debt greater than two years old and at Fiscal Services for Cross Servicing		
<input type="checkbox"/> Other: _____		
Reason for Request to Close Out		
(Close out package attached. Collection efforts will cease. Denver will forward to the Chief Financial Officer for approval.)		
<input type="checkbox"/> Inability to collect any substantial amount		
<input type="checkbox"/> Fiscal Services exhausted efforts to collect		
<input type="checkbox"/> Inability to locate debtor		
<input type="checkbox"/> Cost to collect will exceed recovery		
<input type="checkbox"/> Collection not in the best interest of the United States		
<input type="checkbox"/> Debtor Deceased		
<input type="checkbox"/> Other: _____		
Prepared By: _____	Date: _____	
Reviewed By: _____	Date: _____	
Regional Finance Officer		
Approved By: _____	Date: _____	
Regional Financial Manager		