

Accounts Receivable Journal Cover Form

Fiscal Year: _____

Agency Number: _____

Submitted by: (Name) _____

General Description: _____

Net Total: _____

GASB 54 Receivable: (Yes) _____ (No) _____

Date Received at

Accounts & Control: _____

THIS FORM MUST ACCOMPANY YOUR ACCOUNTS PAYABLE EXCEL SPREADSHEET.

PLEASE SUBMIT FORM AND SPREADSHEET TO: Yearend.Receivables@doa.ri.gov