

State of Rhode Island  
Department of Administration

OFFICE OF ACCOUNTS AND CONTROL

REPORT OF UNCOLLECTIBLE ACCOUNTS RECEIVABLE

It has been determined that the following listed claims for moneys due to the State are uncollectible and that all means of obtaining payments have been exhausted except for cases in which the costs of collection exceed collectible funds.

DEPARTMENT/AGENCY: \_\_\_\_\_

\_\_\_\_\_  
Signature of Department/Agency Director

\_\_\_\_\_  
Date

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SUMMARY PAGE

Receipt Account Number	Category of Uncollectible Accounts Receivable	Amount
TOTAL .....		\$

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In filling out the following pages, please complete all, using the explanatory codes listed below:

**EXPLANATORY CODES:**

A ..... Death of Payee  
B ..... Unknown Location of Payee  
B-1 ..... Payee Located Out of State  
C ..... Bankruptcy or Receivership  
C-1 ..... No Assets Collectible  
D ..... Costs of Collection Exceed Benefits  
E ..... Error in Billing..  
E-1 ..... Billing in Dispute  
E-2 ..... Settlement  
F ..... Other (Please Explain)  
G ..... Misc.  
H ..... 2000 Days/Older

**COLLECTION PROCEDURES CODES**

A ..... In-House Collection Procedure  
B ..... In-House Procedures and Professional Collectors  
C ..... No Extraordinary Collection Efforts (Please Explain)

The detailed, step-by-step procedures for in-house collections is required and should be reported below (or on a separate sheet to be submitted with the Report of Uncollectible Accounts Receivable):

**DETAIL OF IN-HOUSE PROCEDURES**

<b><u>STEP</u></b>	<b><u>DESCRIPTION</u></b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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OFFICE OF ACCOUNTS AND CONTROL

DETAIL OF UNCOLLECTIBLE ACCOUNTS

DEPARTMENT/AGENCY: \_\_\_\_\_

AMOUNT	RECEIPT ACCOUNT NUMBER AND TITLE	EXPLANATORY CODE	COLLECTION PROCEDURES CODES	LENGTH OF TIME UNCOLLECTIBLE	FURTHER DESCRIPTION (ATTACH ADDITIONAL SHEETS)

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OFFICE OF ACCOUNTS AND CONTROL

DEPARTMENT/AGENCY: \_\_\_\_\_

DIVISION/OFFICE: \_\_\_\_\_

SUMMARY AGING OF ACCOUNTS RECEIVABLE AS OF: \_\_\_\_\_

RECEIPT ACCOUNT: \_\_\_\_\_

No. of Accounts	Total \$ Amount	No. of Accounts	Less than 30 Days \$	No. of Accounts	31-60 Days \$	No. of Accounts	61-90 Days \$	No. of Accounts	Over 90 Days \$

## OFFICE OF ACCOUNTS AND CONTROL

RECEIPT ACCOUNT: \_\_\_\_\_

[illegible]