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

SUMMARY PAGE

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

AR-1
4/00

State of Rhode Island
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OFFICE OF ACCOUNTS AND CONTROL

REPORT OF UNCOLLECTIBLE ACCOUNTS RECEIVABLE

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 ..... 200 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

STEP	DESCRIPTION

State of Rhode Island
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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)

AR-1b
4/02

State of Rhode Island
Department of Administration

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 $

AR-1c
4/02

State of Rhode Island
Department of Administration

SAMPLE

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 $
100	$100,000.00	25	$25,000.00	25	$25,000.00	25	$25,000.00	25	$25,000.00