

## Bad Debt Request Form

Date \_\_\_\_\_ Requesting Department \_\_\_\_\_

Department Number \_\_\_\_\_ Person Requesting \_\_\_\_\_

Reason for completing form:

New Exemption Request – please list the KFS Account Number you are requesting to be exempt

KFS Account Number \_\_\_\_\_

Request bad debt expense be recorded in an account other than the account where revenue is recorded – please list the account where revenue is recorded and the account where the associated bad debt expense should be recorded

KFS Revenue Account Number \_\_\_\_\_

KFS Account Number for Bad Debt \_\_\_\_\_

Please list in detail the justifications for the bad debt exemption or the request to have bad debt hit an account other than where the revenue is recorded:

As required under GASB, the department is responsible for establishing and booking bad debt reserves and is responsible for any losses incurred as a result of nonpayment from a customer.

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Department Head/Dean/Director/or Business Officer's Signature

Return completed form to: Campus Services  
6003 Campus Delivery OR via email to [BFS\\_Campus\\_Services@mail.colostate.edu](mailto:BFS_Campus_Services@mail.colostate.edu)

**For internal BFS use only**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
Campus Service Representative's Signature

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_  
Accounts Receivable Manager's Signature

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Controller's Signature

Entered by \_\_\_\_\_ Date \_\_\_\_\_  
A/R Systems Administrator's Signature