



Office of the University Controller
 Florida State University

Student Business Services
 1500A University Center
 Tallahassee, FL 32306-2394
 Phone: (850) 644-9452
 Fax: (850) 644-5142

Accounts Receivable Charge Adjustment Form

Instructions: All fields must be completed. An explanation for the removal of the charge(s) must be provided. Authorization must be from an upper-level administrator who has the authority to sign off on departmental charges.

| | | |
|-------------|--------------|-----------------|
| Department: | Prepared by: | Contact Number: |
| | | |

| | EMPL/ORG ID | Last/ORG Name | First Name | Item Type | Reference Number | Term | Amount | Due Date |
|----|-------------|---------------|------------|-----------|------------------|--------|--------|----------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| | | | | | | Total: | | |

Explanation/Special Instructions

| |
|--|
| |
| |
| |

Requestor Signature: _____

Date: _____

Approver Signature: _____

Date: _____