



Procedure for Completing a Charge Adjustment Form

Overview of Purpose and Policy: The Charge Adjustment form is used to request a charge amount to be adjusted or removed on the University accounts receivable system.

I. Completing the Form

- a. Begin by entering the account EMPLID or ORGID.
- b. Next, enter the last name or organization associated with the account (if an individual, please add the first name in the following field).
- c. Next, enter the specific item type related to the charge.
- d. In order to reverse the particular charge, the EXACT reference number must be used. Please be sure this number matches exactly (letters, numbers, punctuation, and all).
- e. Please provide the term in which the charge to be reversed is located.
- f. Enter amount to be reversed in the Amount column.
- g. Include any special instructions in the Explanation field.

II. Signing the Form

- a. Two signatures are mandatory and the Authorized signature must be from an upper-level Manager who has the authority to sign off on departmental charges. The Preparer and the Approving Manager must sign and print their names and enter FSUID or business email, and the date in the fields indicated.
- b. You can e-sign the form using Adobe's e-signature tool for your convenience (using both the requestor's and approving manager's computers). Note that you must open the form using Adobe Acrobat to use this feature. Pen to paper signatures are also accepted.

III. Submitting the Form

- a. If there is someone authorized to do charge adjustments in your department, follow correct departmental procedure; otherwise,
- b. The form may be emailed to CTL-accountsreceivable@fsu.edu in signed PDF format. The "email form" button can simplify this process if you use the e-signature feature. If you do not e-sign, please email a scanned copy with pen-to-paper signatures.
- b. The form may be faxed to (850) 644-5142, Attn: Accounts Receivables (AR).
- c. The form may be submitted in person at The Office of Student Business Services, University Center A, Room 1500.
- e. You must keep a copy of the form and any accompanying back up information in your office for auditing purposes.

Questions?

Our Office is located at A1500 University Center. Student Business Services Hours: 8:30 a.m. - 4:30 p.m., Monday- Friday; Or, Call Derek Hall at 644-4257.



Accounts Receivable Charge Adjustment Form

Instructions: All fields must be completed digitally. **Hand-written forms will not be accepted** 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, First Name/ORG Name	Item Type	Reference Number	Term	Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
					Total:	

Explanation (required):

Signatures: Please note that two distinct signers are required to meet internal-control standards. Approver must be an upper-level administrator who has the authority to sign-off on departmental charges. To e-sign (and to use "email form" button), please open this file with Adobe Acrobat. Otherwise, please send a scanned copy with pen and paper signatures.

Requestor Name _____ FSUID / Email: _____

Requestor Signature: _____ Date: _____

Approver Name: _____ FSUID / Email: _____

Approver Signature: _____ Date: _____