|  |  |  |
| --- | --- | --- |
| **Entry by Accounts Receivable**  | **Provision for bad debt doc. number created** |   |
| **Write off doc. number created** |   |
| **Committee reference if the write off request is greater than Officer authorisation limit** |   |
| **AR Clerk Signed and Date**  |  |

# REQUEST FOR A WRITE OFF OF BAD / IRRECOVERABLE INVOICED DEBT

Once you have completed all of the required sections on this form you must forward the email version onto your departmental approver who will then need to forward the email to accounts.receivable@derbyshire.gov.uk **Please see Financial Regulations regarding write off authorisation limits This request form is only to be used for bad debt write off i.e. irrecoverable debt and should not be used for Adult Care Phoenix produced invoices.
 Please ensure sections 1 - 3 are completed and attach any supporting documents to ensure your write off is processed.** For further help on completing this form, please see the guidance notes. Fields marked \* are mandatory.

## **SECTION 1: REQUESTER'S DETAILS**

|  |  |
| --- | --- |
| **NAME\*** |  |
| **SECTION\*** |  |
| **DEPARTMENT\*** |  |
| **EXTENSION\*** |  |
| **EMAIL ADDRESS\*** |  |
| **REASON FOR WRITE OFF\*** |  |
|
|
|
| **SUPPORTING DOCUMENTS ATTACHED (if available)\*** | YES | NO |

## **SECTION 2: WRITE OFF INFORMATION**

### **PART A: HEADER**

|  |  |
| --- | --- |
| **COMPANY CODE\*** |  |
| **CUSTOMER NO.\*** |  |
| **CUSTOMER NAME\*** |  |
| **AR INVOICE NUMBER\*** |  |
| **DOCUMENT DATE\*** |  |
| **GROSS AMOUNT OF THE WRITE OFF\*** |  |
| **TAX AMOUNT\*** |  |

### **PART B: LINE ITEM**

|  |  |
| --- | --- |
| **COST CENTRE\*** |  |
| **NET AMOUNT\*** |  |
| **TAX CODE\*** |  |
| **TAX AMOUNT\*** |  |
| **INTERNAL ORDER/PLANT MAINTENANCE ORDER** |  |
| **WBS** |   |

|  |  |
| --- | --- |
| **COST CENTRE\*** |   |
| **NET AMOUNT\*** |   |
| **TAX CODE\*** |   |
| **TAX AMOUNT\*** |   |
| **INTERNAL ORDER/PLANT MAINTENANCE ORDER** |   |
| **WBS** |   |

**Please expand as necessary to include additional coding lines.**

## **SECTION 3: APPROVAL**

|  |  |
| --- | --- |
| **APPROVED BY\*** |   |
| **POSITION\*** |   |
| **EXTENSION\*** |   |
| **DATE\*** |   |
| **By approving this request for a write off you are verifying any supporting documents** |

# GUIDANCE NOTES

## **SECTION 1: REQUESTER'S DETAILS**

|  |  |
| --- | --- |
| **NAME** | Enter the name of the person making the request |
| **SECTION** | Enter the requester's section name  |
| **DEPARTMENT** | Enter the requester's department name i.e. CAYA, Adult Care, CACS, CRD, Chief Executives, Environmental Services |
| **EXTENSION** | Enter the requester's telephone extension |
| **EMAIL ADDRESS** | Enter the requester's email address |
| **REASON FOR WRITE OFF** | Enter a **full** description for the reason why the debt needs writing off. E.g. Company in liquidation and no assets. |

## **SECTION 2: WRITE OFF INFORMATION**

### **PART A: HEADER**

|  |  |
| --- | --- |
| **COMPANY CODE** | Enter the company code |
| **CUSTOMER NO.** | Enter the customer's number  |
| **CUSTOMER NAME** | Enter the customer's name |
| **AR INVOICE NUMBER** | Customer's invoice number that requires writing off |
| **DOCUMENT DATE** | Enter the date of the invoice |
| **GROSS AMOUNT OF WRITE OFF** | Enter the full amount of the write off (including tax if applicable) |
| **TAX AMOUNT** | Enter the tax amount of the write off |

### **PART B: LINE ITEM**

|  |  |
| --- | --- |
| **COST CENTRE** | Enter the cost centre the original invoice was posted to |
| **NET AMOUNT** | Enter the net amount required |
| **TAX CODE** | Please enter one of the following tax codes:  |
|  | A0 - Zero rated |
|  | A1 - 17.5% Previous standard rate |
|  | A2 - 5.00% Reduced rate |
|  | A3 - Delivery of goods in EU |
|  | A4 - Services within the EU |
|  | A5 - 15.00% Previous standard rate |
|  | A9 - Exempt from output |
|  | AA - 20.0% Current standard rate  |
|  | AN - 0.0% Outside business scope |
| **Please note your VAT code should match the VAT rate used on the original invoice** |
| **TAX AMOUNT** | Enter the tax amount |
| **INTERNAL ORDER/PLANT MAINTENANCE ORDER** | Enter the order number the original invoice was posted to |
| **WBS** | Enter the WBS the original invoice was posted to |

**Please expand as necessary to include additional coding lines**

## **SECTION 3: APPROVAL**

|  |  |
| --- | --- |
| **APPROVED BY** | Enter the approver's name |
| **POSITION** | Enter the approver's title or position |
| **EXTENSION** | Enter the telephone extension of the approver |
| **E-MAIL ADDRESS** | Enter the approver's e-mail address |
| **DATE** | Enter the date of departmental authorisation |
| **By approving this request for a write off you are verifying any supporting documents** |

**If there is insufficient or incomplete data on the form, which prevents the AR team from creating a write off in SAP, your request will be rejected. In the event of your request being rejected, you will be contacted by a member of the AR team and given the reasons for the rejection, after which you will then need to correct the form and re-submit, if applicable.**