

STATE AUDITOR'S OFFICE
RECEIVABLES-UNCOLLECTIBLE

Please list the following information for each debt you are certifying uncollectible. The facts and action, which are the basis for the decision that the debt is uncollectible, shall be documented in writing and shall be maintained, as required by W.S. 9-2-410.

NAME OF DEBTOR: _____ SOCIAL SECURITY #: _____

LAST KNOWN ADDRESS: _____

PURPOSE OF DEBT INCURRED: (Please indicate goods and/or services provided. **BE SPECIFIC.** If hospitalization is involved, indicate time period and name of individual hospitalized.)

AMOUNT OF CURRENT DEBT: _____ AMOUNT OF ORIGINAL DEBT: _____

DATE ORIGINAL DEBT BECAME DUE AND PAYABLE: _____

SOURCE OF FUNDS FOR DEBT: (List entire coding - Example: 93-001-003-0101 Revenue Code: 5219)

ACTION TAKEN TO COLLECT DEBT: (Be specific. List dates, collection agency used if any, etc.)

RESULT OF COLLECTION ATTEMPTS: (Why debt remains unpaid.)

"I certify that the above debt is past due and owed to _____ (agency), that several attempts have been made to collect the debt, the debt remains unpaid and, in my opinion, is uncollectible."

Chief Administrative Officer