Bad Debt Request Form

Date: _____Requesting Department: _____

Department Number: _____Person Requesting: _____

Reason for completing form:

_____New Exemption Request – 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:

_____
_____
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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/ or Director Signature

Return completed form to Office of Financial Management

For internal OFM use only:

Reviewed by: Date:_____Accounts Receivable Manager's Signature _____

Approved by: Date: _____ Controller's Signature_____

Updated 9/22/2026