

VIRGINIA COMMONWEALTH UNIVERSITY

DEPARTMENTAL STATEMENT OF RECEIVABLES 91 DAYS TO OVER 1 YEAR PAST DUE

For the Month Ending _____ Department _____

Department Head _____ Extension _____

- * **RECEIVABLE TYPE** (Check One):
- _____ Accounts Receivable (Not State)
 - _____ Interagency (State)
 - _____ Interdepartmental (VCU)

Name of Account	Invoice Number	Age (In Days)	Amount
			\$

TOTAL ACCOUNTS RECEIVABLE OVER 90 DAYS PAST DUE \$ _____

*NOTE: A SEPARATE FORM TFRS 40 MUST BE COMPLETED FOR EACH RECEIVABLE TYPE.

PREPARED BY: _____

DATE PREPARED: _____

DEPARTMENT HEAD: _____