



RECEIVABLE MODIFICATION REQUEST FORM

TO: Office of the Comptroller
General Accounting Revenue Unit
One Ashburton Place, 9th Floor
Boston, Massachusetts 02108

FROM: Dept: _____
Name: _____
Position: _____
Phone: _____

RECEIVABLE DOCUMENT NUMBERS:

Please list the BARS receivable detailed or summary that will need PENDING approval.

<u>Doc ID</u>	<u>Amount</u>	<u>Detail/Summary</u>
_____	\$ _____	_____

(The RE modification must be entered by the department and in pending status)

Description of Receivable(s): _____

Reason for Modification: _____

Authorized MMARS Signature: _____ Date: / /
Title: _____

A MMARS RE Modification input form or a copy of the MMARS RE Modification screen print must accompany this document. Any questions please contact Tony Yee at 617-973-2429.

All preconditions that a Department Head is responsible for certifying the amount of debt and the accuracy of such debt as stated in 815 CMR 9:00 Debt Collection, have been met.

Comptroller Approval Only

Authorized Comptroller Signature: _____ Date: / /
Title: _____