RECEIVABLE DECREASE EXTENSION FORM

Department/Organization Name

The Commonwealth of Massachusetts
Office of the Comptroller

Revised 2/8/94

Document ID			
Trans	Dept	R/Org	Number
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LN	Fund	Dept	Org	S/Org	Rev Srce	S/Rev	Prog	Type	PRJ/CL/GRC	ACTV	Rept Catg

Rate Code	Number of Units	Units of Measure	Amount	Description	Text Ind

LN	Fund	Dept	Org	S/Org	Rev Srce	S/Rev	Prog	Type	PRJ/CL/GRC	ACTV	Rept Catg

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Rate Code	Number of Units	Units of Measure	Amount	Description	Text Ind

Prepared By: _____ Title: _____ Date: _____

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