

**AGENCY WRITE-OFF CERTIFICATION FORM**

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Agency Contact Title: \_\_\_\_\_

Agency Contact Phone #: \_\_\_\_\_

Agency Contact e-mail: \_\_\_\_\_

To: Unit Chief, Revenue Monitoring Unit

Bureau of Accountancy

1 Centre Street, Room 200-South

New York, New York 10007

This is to certify that the attached listing of receivables to be written-off has been reviewed and approved internally and that all reasonable collection efforts have been exhausted. The total value of all listed write-offs is \$\_\_\_\_\_.

Agency Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Fiscal Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**Comptroller Use Only**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

