

Purpose of this Form: To remove or reverse non-sponsored and non-gift related accounts receivable (AR) and revenue amounts previously invoiced.

Requestor Information

Name: _____ Email: _____
Department: _____ Phone: _____
Date: _____

Invoice Information

Customer Name: _____
Invoice #: _____ Amount: _____
Reason:

Authorization (must be different from the requestor)

Authorizer Signature Date

Finance Division Use Only

Processor: _____
Senior AR Accountant
>25k Approver: _____
Principal AR Accountant
>50k Approver: _____
Assistant Director, SPA/AR

Submit completed form to
Accounts Receivable at
univar@andrew.cmu.edu or
4516 Henry Street, Suite 305,
Pittsburgh, PA 15213