



## ACCOUNTS RECEIVABLE REQUEST FORM

Student Financial Services

CASS Building

1735 Wahnish Way

Suite 103

Tallahassee, Fl 32307

Phone: 850-561-2949 - Fax: 850-599-8618 - Email: [studentaccountsdocs@famu.edu](mailto:studentaccountsdocs@famu.edu)

DEPT. NAME \_\_\_\_\_

Charge     
  Charge Adjustment     
 Document No. \_\_\_\_\_ Line No. \_\_\_\_\_

YEAR     
  FALL     
  SPRING     
  SUMMER

NAME		STUDENT ID #
DEPARTMENT NUMBER		AMOUNT

<b>EXPLANATION:</b>

AUTHORIZED SGNATURE	DATE
AUTHORIZED SIGNATURE	DATE