

**DOUGLAS COUNTY SCHOOL SYSTEM
RETURNED CHECK (FIN-635)**

School _____ Date _____

Payee Name _____ Payee Phone # _____

Check # _____ dated _____ for \$ _____ was returned by the bank on _____

due to: _____
(list reason: insufficient funds, closed account, etc.)

The following actions have been taken: _____

Complete When Sending Check To Finance Office For Collection Assistance Or Write-Off Approval
(Attach copies of any collection letters that have been sent and any other documentation that may help the Finance Office with collections.)

Reason check was collected and/or account check was originally posted to:

Has product/service been received: **YES** **NO** *(Circle One)*

_____ Assistance is requested for collecting the check.

_____ Permission is requested to write-off the check due to: _____

Request By Principal Signature/Date

Approval For Write-Off Signature/Date