



## OFS - OFM RECEIVABLE REQUEST

**FOR INTERNAL FDA USE ONLY\***

**OFS Accountants, please complete this form when requesting a receivable/invoice be created and sent to a customer.**

### CUSTOMER INFORMATION (Enter all known customer information)

PREPARER'S OFFICE OR CENTER

NAME OF EMPLOYEE OR BUSINESS

ADDRESS

CITY

STATE

ZIP CODE

AMOUNT TO BE BILLED

FED TAX ID NUMBER

PHONE NUMBER

REASON FOR BILLING (Mark the correct box)

- Overpayment   
  Duplicate Payment   
  Erroneous Payment   
  Credit Memo  
 OTHER (Provide explanation in "Explanation for Billing" section below)

EXPLANATION FOR BILLING, including **OTHER** Reason →

Please send copies of all supporting documentation with this request.

If there is additional information you can provide that could assist the AR Rep in creating an invoice, please include it here.

FISCAL YEAR

FY

CAN

OBJECT CLASS

CENTER TAG NUMBER

PREPARED BY (Please type or print your name)

DATE

PREPARER'S EMAIL ADDRESS

PREPARER'S PHONE NUMBER

### OFS MANAGER

NAME (Please type or print)

SIGNATURE

DATE

1. The OC/OM/OSS/OFS Accountant completes this request when a receivable/invoice needs to be created and sent to a customer. The OFS Manager's signature is required and indicates that all necessary information is included.

2. Fax or mail via interoffice courier this signed form and supporting documentation to William Collinson (Fax: 301-480-8679 or Mail Code HFA-120).

3. Keep a copy of this request for your records.

\* Process does not apply to National Center for Toxicological Research (NCTR)

(See Privacy Act Statement on Page 2.)



**PRIVACY ACT NOTICE FOR  
OFS - OFM RECEIVABLE REQUEST  
FORM FDA 3620**



**GENERAL**

This information is provided pursuant to Public Law 93-579 (*Privacy Act of 1974*), December 31, 1974.

**PRINCIPAL PURPOSE FOR INFORMATION REQUESTED**

- The information you disclose will be used by specific Offices which oversee accounting processes to ensure that proper credit is received by customers and employees for payments to the Agency.
- This information will be disclosed to a Federal, State, or local law enforcement agency in the event of a violation or potential violation of law or regulation.

**AUTHORITY FOR COLLECTION OF THIS INFORMATION**

Budget and Accounting Act of 1950 (Pub. L. 81-784); Debt Collection Act of 1982 (Pub. L. 97-365); Debt Collection Improvement Act of 1996 (Pub. L. 104-134, sec. 31001).

**EFFECTS OF NONDISCLOSURE**

Failure to provide adequate information on Form FDA 3620 may result in the delay or denial of payment to be credited to the appropriate account or referral to a debt collection agency.