Please use this form to report the required information referenced in Section II of Executive Order 17-09 published May 5, 2017. This form must be signed by the agency Chief Financial Officer. The completed report shall be submitted via email to: [SWARM@oregon.gov](mailto:SWARM@oregon.gov).

**Click here to enter agency name**

*Reporting of Liquidated and Delinquent Debt. State agencies shall immediately determine the amounts of Liquidated and Delinquent Debts on their books for the most recent fiscal year, and shall issue a report of such amounts to the Department of Administrative Services (“DAS”) Chief Operating Officer by June 30, 2017. The report shall include:*

1. *The total amount of Liquidated and Delinquent Debt on their books for the most recent fiscal year* [include amounts reported to the Legislative Fiscal Office for fiscal year ending June 30, 2016]*;*

Total number of accounts: Click here to enter text.

Total value of accounts: Click here to enter text.

1. *Of the amount reflected in Section 2(A), what amount they believe is recoverable with reasonable effort and using collection tools available to the State; and*

Total value of accounts (see above): Click here to enter text.

Less allowance for uncollectable accounts: Click here to enter text.

Net recoverable value of accounts: Click here to enter text.

Describe the formula or methodology used to calculate the allowance for uncollectable accounts:

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*C. How their debt collection processes meet or, by December 31, 2017, will meet the collection guidelines stated in the Oregon Accounting Manual; and, further, how their debt collection process would be influenced by the passage of Senate Bill 89. Agency processes reflected in Section II(C) should include plans for prompt referrals to the Department of Revenue, Other Agency Accounts unit, no later than 60 days after the debt is declared Liquidated and Delinquent, or as allowed by the Oregon Accounting Manual.*

\_\_\_\_\_ initial

In the space provided below, for each OAM policy, please describe 1) how the agency’s debt collection processes comply with the OAM, **or** 2) how the agency’s debt collection processes will comply with the OAM by December 31, 2017. The compliance narrative should include specific actions to describe agency compliance.

OAM Policy Compliance narrative

|  |  |
| --- | --- |
| [35.20.20](https://www.oregon.gov/das/Financial/Acctng/Documents/35.20.20.pdf) |  |
| [35.20.30](https://www.oregon.gov/das/Financial/Acctng/Documents/35.20.30.pdf) |  |
| [35.30.10](https://www.oregon.gov/das/Financial/Acctng/Documents/35.30.10.pdf) |  |
| [35.30.20](https://www.oregon.gov/das/Financial/Acctng/Documents/35.30.20.pdf) |  |
| [35.30.30](https://www.oregon.gov/das/Financial/Acctng/Documents/35.30.30.pdf) |  |
| [35.30.40](https://www.oregon.gov/das/Financial/Acctng/Documents/35.30.40.pdf) |  |
| [35.30.50](https://www.oregon.gov/das/Financial/Acctng/Documents/35.30.50.pdf) |  |
| [35.30.60](https://www.oregon.gov/das/Financial/Acctng/Documents/35.30.60.pdf) |  |
| [35.30.70](https://www.oregon.gov/das/Financial/Acctng/Documents/35.30.70.pdf) |  |
| [35.40.10](https://www.oregon.gov/das/Financial/Acctng/Documents/35.40.10.pdf) |  |
| [35.40.20](https://www.oregon.gov/das/Financial/Acctng/Documents/35.40.20.pdf) |  |
| [35.40.30](https://www.oregon.gov/das/Financial/Acctng/Documents/35.40.30.pdf) |  |
| [35.40.40](https://www.oregon.gov/das/Financial/Acctng/Documents/35.40.40.pdf) |  |
| [35.50.10](https://www.oregon.gov/das/Financial/Acctng/Documents/35.50.10.pdf) |  |
| [35.60.10](https://www.oregon.gov/das/Financial/Acctng/Documents/35.60.10.pdf) |  |
| [35.70.10](https://www.oregon.gov/das/Financial/Acctng/Documents/35.70.10.pdf) |  |
| [35.70.20](https://www.oregon.gov/das/Financial/Acctng/Documents/35.70.20.pdf) |  |

\_\_\_\_\_ initial

In the space provided below, please describe how the agency’s debt collection process would be influenced by the passage of [Senate Bill 89](https://olis.leg.state.or.us/liz/2017R1/Downloads/MeasureDocument/SB89/A-Engrossed).

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I have reviewed the information provided above and certify it is true and accurate.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_