



Statewide Accounts Receivable Management  
Email: [SWARM@oregon.gov](mailto:SWARM@oregon.gov)

# Statewide Accounts Receivable Management

## Agency Certification: Write-off, Abated, and Canceled Debt

**To:** Statewide Accounts Receivable Management (SWARM)

**From:** Agency number Agency Name

**For:** Fiscal Year Ended June 30,

The following data is reported as required by Oregon Revised Statute (ORS) 293.234:

**Liquidated and delinquent debts:**

Written off under ORS 293.240

Abated (i.e. waived, settled, or determined not to be owed)

Canceled by the Department of Revenue under ORS 305.155

### Agency Certification of Accuracy, Completeness, and Compliance

I certify that to the best of my knowledge the above information accurately and completely reflects the agency's liquidated and delinquent account activity for the fiscal year noted above, and that this information agrees with the respective account balances reported to the Legislative Fiscal Office.

In addition, I certify that to the best of my knowledge the liquidated and delinquent account activity is accurately and completely reflected in the agency's annual report to the Legislative Fiscal Office and that the value of liquidated and delinquent debts that were written off, abated or canceled, as reported above, were done so in accordance with applicable statutes and rules. Any *differences* between the balances reported above and the values reported to the Legislative Fiscal Office have been communicated in writing to the agency's SWARM analyst.

\_\_\_\_\_  
A/R Accountant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Fiscal Officer or Director Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date