

SmartStream[®]

Accounts Receivable System Maintenance Form

I. Receivable Account

Customer Identification Code: _____
(ie: State Treasurer, 12700-SC CHE, etc.)

Customer Name: _____
(Office of the State Treasurer, SC Commission of Higher Education)

Customer Address: _____

Terms of Billing: _____ Net 30 _____ Immediate (check which one applies)

II. Receivable Entity

Departmental Code (not to exceed 5 characters-alpha/numeric): _____
(ie: project number, department code)

Department Code Description: _____

Contact Name: _____

Contact Number: _____

Receivable Account: _____
Entity Account Unit Project Reporting Year

III. Sales Item Catalog

Item Code: _____
(ie: Project Number, IDT-AHEC (05070), Department abbreviation (Project))

Item Description: _____
Description of what billing is for (ie: Grant Contract 5432-21, Refund of Tax Payment)

IV. Sales/Billing Accounting Distribution

Revenue Account: _____
Entity Account Unit Project Reporting Year

Requested By: _____ EXT _____

Department Name: _____

Email Address: _____