

DI-1040
Revised
(Aug. 1973)

BILL FOR COLLECTION

Bill No.

Make Remittance Payable To: _____ Date _____
(Bureau or Office)

Mail Payment To: _____
(Address)

PAYER:



Please detach top portion of this bill and return with remittance.

Amount of Payment \$ _____

Date	DESCRIPTION	Quantity	Unit Price		Amount
			Cost	Per	
AMOUNT DUE THIS BILL,					\$

NOTE: A receipt will be issued for all cash remittances and for all other remittances when required by applicable procedures. Failure to receive a receipt for cash payment should be promptly reported to the bureau or office shown above.

OFFICIAL RECEIPT

Bill No. _____

Make Remittance Payable To: _____ Date _____
(Bureau or Office)

Mail Payment To: _____
(Address)

PAYER:



To be issued as official receipt for all cash remittances and for all other remittances when required by applicable procedures.

Amount of Payment \$ _____

Date	DESCRIPTION	Quantity	Unit Price		Amount
			Cost	Per	
AMOUNT DUE THIS BILL,					\$ _____

RECEIVED as payment on above bill, \$ _____

Date _____ Signature _____ Title _____