

ORGANIZATION CODE: _____

FISCAL YEAR: _____

COLLECTION CONTROL REGISTER

CONTROL NR.	DEBTOR-REMITTER-PAYOR NAME, ADDRESS AND ZIP CODE	BILLING			PAYMENT			SENT TO DSC		MO. VERIF. TO OTR
		DATE	AMOUNT	PURPOSE	DATE	AMOUNT	CHECK/MO NUMBER	DATE	AMOUNT	
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See Management Systems Handbook, Section V, Part 7.7 for instructions