ACCOUNTS RECEIVABLE			
Central Office Only	Field Office		
Accounting Date:	Date: (1)		
Group Type: Origin ID: Control Amount:	Control Amount: (2)  Number of items: (3)		
	Item ID: (4)		
Customer #:	Customer Name: (5)		
Group ID #:	Organization: (6)		
	Project/Grant: (7)		
	Program: (8)		
Comments:	LINE	ORDER (9)	AMOUNT <b>(10)</b>
	1	1	
	2	2	
	3	3	
	4	4	
PREPARED BY:	5	5	
	6	6	
ENTERED BY:	7	7	
	TOTAL		