 

**Recharge Operation Closure Form**

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| *Recharge Operation Name* |  |
| *Account Numbers (GL/SL)* |  |
| *Executive Level/Department* |  |

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| *Recharge Operation Manager* |  |
| *Title* |  |
| *Phone Number* |  |
| *Email* |  |

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| *Recharge Financial Manager* |  |
| *Title* |  |
| *Phone Number* |  |
| *Email* |  |

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| *Date Recharge Will Cease Operations* |  |
| *Amount of Outstanding Receivables* |  |
| *Estimate of Receivables Collectable* |  |
| *Final Surplus/Deficit Fund Balance* |  |
| *Amount of Surplus over 1 month’s cost (if applicable)* |  |
| *Balance of Depreciation Recovery Account* |  |

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| *Description of intended disposition procedures associated with any inventory (e.g. sale, write-off due to obsolescence, etc.)* |  |

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| *Any other pertinent information regarding the closure of the recharge.* |  |

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| *Financial Manager Signature:* |  |
| *Financial Manager Name (print):* |  |
| *Financial Manager Email:* |  |
| *Date:* |  |