CMS

**Statistical Services Revolving Fund (SSRF)**

**Data Center**

### Credit Adjustment Form

ILLINOIS DEPARTMENT OF

CENTRAL MANAGEMENT SERVICES

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Agency Name and Return Address: | | |  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | | | | |
| Agency Code: |  | Division Code: | |  | Section Code: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Log Number: | / | / |  |
|  | Example: Job Name | Init Date | Init Time |
|  | (FINDA55B) | (92145) | (HH:MM) |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Number: |  | Abend Code: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please check reason for credit: | | | | |
|  | System failure | |  | Tape/ Cart hardware failed |
|  | System abend | |  | Tape/ Cart not in library |
|  | TSO session/ ID problems | |  | Agency testing by CMS |
|  | VM session/ ID problems | |  | Return due to printer problems |
|  | I/O problems | |  | Other, explain below |
|  | Job cancelled due to resource not available | |  |  |
|  | | | |
|  | | | |
| Person completing this form: | |  | | |
| Phone number: | |  | | |
| Date: | |  | | |

**INTRUCTIONS:**  Please mail completed form (original) along with a copy of the resource utilization that corresponds with the job(s) in question to the following address (*Note: If the above information is not filled out completely, the form will be returned):*

CMS/SSRF BILLING

120 W. Jefferson – 3rd Floor

Springfield, IL 62702

**-----------------------------------------------------------------------------------------------------------------------------------------**

|  |  |  |  |
| --- | --- | --- | --- |
| **FOR OFFICIAL USE ONLY:** | |  | |
| Approved (y/n) |  | |
| Approved By |  | |
| Reason |  | |
| Amount Given |  | |
| Month Given |  | |
| Log # |  | |
| Comments |  | |