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 |  |