

County of Riverside
OPERATING ACCOUNTS RECEIVABLE
As of June 30, 2025
Due July 18, 2025



SCHEDULE C

(Refer to Year-end Closing Manual, Chapter 4, Topic #5)

Fund No.: _____ Fund Name: _____
Business Unit: _____
Dept ID: _____ Dept. Name: _____

JE Number: _____
JE Reversal Number: _____
JE Source: _____ YE
Page _____ of _____

Note: Line items MUST have an aggregate amount due equal to or greater than \$5,000

Operating Accounts Receivable Detail:

(a) JE #	(b) Revenue Account	(c) Fund	(d) Dept ID	(e) Amount Due ≥\$5,000	(f) Name of Individual, Business or Organization	(g) Description of Services	(h) Date of Service - From/To	(i) Estimated Date of Receipt

Schedule C Total _____ -

Questionnaire:

(a) Does this department utilize the PeopleSoft Billing Module?

☐ YES

☐ NO

(b) If answer is NO, please check one of the following questions:

☐ NO A/R for this department

☐ Interdepartmental Billing ONLY

☐ Other Software Used. Name of other software: _____

☐ Do you maintain an A/R Aging Report?

☐ YES

☐ NO

Prepared By: _____

Phone Number: _____

Approved By: _____

Date: _____

County of Riverside
OPERATING ACCOUNTS RECEIVABLE

Accounts Receivable Procedures

1. Requirements and Documentation needed:

- (a) Items included in this Schedule **MUST** have an amount greater $\geq$ \$5,000.
- (b) Attach Year-End Journal Entry of FY 2025. This is the journal entry created to recognize revenue.
- (c) Attach Year-End Reversal Journal Entry for FY 2026. This entry will reduced revenue posted in FY 2025.
- (d) Attach Invoices or any other documentation supporting the receivable.
- (e) For Government Funds not expecting revenue within 3 months,
(12 months for Reimbursement Type Grants) complete Schedule L-2 (Unavailable)

2. Operating Accounts Receivable Detail:

- (a) JE # - (Journal Entry Number). This is the journal entry created to recognize revenue, accrual.
- (b) Revenue Account - This is the account number that you will use to recognize revenue.
- (c) Fund - This is the Fund number of the department that provided the service.
- (d) Dept ID - This is the Department that provided the service.
- (e) Amount Due $\geq$ \$5,000 - The service fee amount for services provided to private individuals, businesses or organizations for goods and services equal to/greater than \$5,000
- (f) Name of Individual, Business or Organization to whom we provided services to.
- (g) Description of Services - What type of service was provided
- (h) Date of Services - From/To- The date range when services were rendered.
- (i) Estimated Date of Receipt - The date when funds are anticipated to be received.

3. Questionnaire. Please answer the following questions.

- (a) Does this department utilize the PeopleSoft Billing Module? Please click "YES" or "NO".
- (b) If the answer to (a) is "No" please check one of the options listed in the schedule.