USDA-FmHA
Form FmHA 1951-55
(4-81)

# COLLECTION LOG

2
6-18-91

Page _____ of _____

Part A – NON-AMAS AND AMAS MISC. COLLECTIONS, ETC.

Part B – AMAS

☐ Payments deposited into Concentration Banking System

☐ Payments forwarded to the Wholesale Lockbox

*PAYMENT INSTRUMENT CODE:
A – Cash
B – Money Order
C – Check
D – DP Coupon
E – EDFS
F – Form FmHA 451-2
G – Form FmHA 1944-9

1. Date of Deposit (Call Date)

2. Deposit Location: State Code / District Code

3. Dates Collected

4. Amt. Collected

5. Amt. Deposit

| 6 Transit No. | 7 Collections (cash/check/M.O./OCR/EDFS) | 8 Line Item | 9 Name of Borrower | 10 Case Number | 11 Project No. | 12 Fund Code Loan No. | 13 Payment (cash/check/M.O./OCR or EDFS) | 14 Payment Instrument | 15 Payment Type Code | 16 Fully Paid Code | 17 Total RA Units | 18 Total RA Amount | 19 RA Check Request | 20 RA Agreement No. | 21 NBR Units | 22 RA Amount Per Agreement | 23 Overage/ Surcharge Amount | 24 Overage Surcharge | 25 Date of Credit | 26 Control Amount |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |
| | . | | | | | | . | | | | | . | | | | . | . | | | . |

| 27 Total Collections | 28 Total AMAS Items | 29 Total Items Part A & Part B | 30 Remarks | 31 Total AMAS Payment Amt. | 32 Total Payment Part A&B | 33 Total RA Amount | 34 Total RA Check | 35 Total Overage | 36 Total Control Amount |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

37 Certified that subsidies are supported by verified, current Tenant Certification:

38 Verified By:
Date:

39 Entered By:
ID:
Date:

40 District Director Review:
Signature:
Date:

41 Call Date

_/_/_

☆U.S.GPO:1991-0-356-692