

CIVIL PENALTY LEDGER

INVOICE NO. _____ **REGIONAL OFFICE NUMBER** _____

FACILITY NAME		
FACILITY ADDRESS		
CITY	STATE	ZIP CODE

FISCAL YEAR	DATE LIC 422 SENT
FACILITY TYPE	FACILITY PCA CODE

LICENSEE(S) OR UNLICENSED FACILITY OPERATOR		
ADDRESS		
CITY	STATE	ZIP CODE

FACILITY NUMBER

	DATE	AMOUNT	CUMULATIVE BALANCE
Original Invoice Amount Assessed			
Civil Penalty Amended Amount			
Civil Penalty Amended Amount			
Civil Penalty Amended Amount			
Sent to Central Operations Branch			
Payment			
Payment			
Payment			
Payment			
Payment			

COMMENTS: