

ACC207.01F1 Invoice Adjustment Form

Invoice Number: _____ Customer: _____

Type of action requesting:

To determine what kind of action to select, hover over the options for examples.

Adjustment:

Cancellation:

Write-Off:

Original Amount:

Amount Changed:

Revised Amount:

Reason Action Requested:

Action Requested by: _____
(Print Name)

Department Name: _____

(Signature)

Phone Number: _____

Action Approved by: _____
(Print Name)

Department Name: _____

(Signature)

Phone Number: _____