



BILLING ADJUSTMENT REQUEST

Date:	_____	Customer Name:	_____
Invoice Number:	_____	Amount of Requested Adjustment:	_____
Invoice Due Date:	_____		

Detailed Description of Dispute:

PLEASE ATTACH ANY INFORMATION SUPPORTING YOUR REQUEST FOR A BILLING ADJUSTMENT

Name of Requestor

Title of Requestor

ACCOUNTING USE ONLY
Credit Memo No:
Date:
No Credit Issued: <input type="checkbox"/>