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REFUND ADJUSTMENT

Date	
Statement No.	
Reference No.	

CUSTOMER INFORMATION

Name

Account No.

Address

Email/Phone

ADJUSTMENT METHOD

Refund Type

Original Invoice

Original Date

Authorized By

DATE	DESCRIPTION / REASON FOR ADJUSTMENT	ORIGINAL AMT	ADJUSTED AMT	REFUND CREDIT

Subtotal	
Tax Adjustment	
Total Refund	

AUTHORIZED SIGNATURE

CUSTOMER SIGNATURE (IF APPLICABLE)