

# DEBIT MEMO

DEBIT MEMO NO.
DATE

**BILL TO**

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**SHIP TO (IF APPLICABLE)**

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**REFERENCE & DISCREPANCY INFORMATION**

ORIGINAL INVOICE NO.

ORIGINAL INVOICE DATE

REASON FOR DISCREPANCY

DESCRIPTION OF CORRECTION	QTY	ORIGINAL AMT	CORRECTED AMT	DEBIT AMOUNT

Subtotal

Tax Rate / Tax Amount

<b>Total Debit</b>	
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**NOTES / REMARKS**

[Dashed rectangular box for notes/remarks]

\_\_\_\_\_  
Prepared By / Date

\_\_\_\_\_  
Authorized Signature / Date