DEBIT NOTE

CORRECTIVE BILLING FOR SHORTFALLS

Debit Note No:

Date:

DEBITED TO

ORIGINAL INVOICE REFERENCE

Original Invoice No:

Original Invoice Date:

Reason for Shortfall:

Subtotal Due:

Tax / VAT:

Total Debit Due:

PAYMENT TERMS & INSTRUCTIONS

Authorized Signature

Customer Acknowledgement

Thank you for your cooperation in resolving this billing discrepancy.