
DEBIT MEMO

Debit Memo No:

Date:

Original Invoice No:

Customer Account

No:

BILL TO

SHIP TO (IF APPLICABLE)

ITEM NO.	DESCRIPTION OF ADJUSTMENT / UNDERCHARGE	ORIGINAL AMT	CORRECT AMT	DEBIT AMOUNT
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Subtotal Debit:

Tax Rate / Tax:

Total Adjustment:

REASON FOR DEBIT ADJUSTMENT

[Empty rectangular box for stamp or signature]

PREPARED BY

AUTHORIZED APPROVAL SIGNATURE