

DEBIT MEMO

RETROACTIVE BILLING ADJUSTMENT

Adjustment No: _____

Date: _____

Payment Due: _____

BILL TO

ORIGINAL INVOICE REFERENCE

Original Invoice No: _____

Original Invoice Date: _____

Contract/PO Ref: _____

DESCRIPTION OF UNDERCHARGE / ADJUSTMENT ITEM	CORRECT AMOUNT	ORIGINALLY BILLED	UNDERCHARGED DEBIT
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Subtotal Debit: _____

Tax / VAT: _____

Total Due: _____

REASON FOR RETROACTIVE ADJUSTMENT / SPECIAL NOTES

Thank you for your cooperation and prompt resolution of this billing adjustment.