

# DEBIT INVOICE

For Completed Service Underbilling Adjustment

Debit Invoice No: \_\_\_\_\_

Date: \_\_\_\_\_

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## FROM

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## BILL TO

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### ORIGINAL INVOICE REFERENCE

Original Invoice #

Original Invoice Date

Original Billed Amount

Description of Underbilled Services / Adjustments	Correct Amount	Billed Amount	Debit Amount
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Subtotal Debit: \_\_\_\_\_

Tax / VAT: \_\_\_\_\_

**Total Due:** \_\_\_\_\_

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PAYMENT TERMS & NOTES

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Authorized Signature

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Thank you for your business and cooperation in adjusting this account.