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DEBIT INVOICE

SUPPLEMENTARY DEBIT

Debit Invoice #: _____

Date: _____

DEBITED TO

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SHIP/SERVICE ADDRESS (IF DIFFERENT)

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.....
.....

ORIGINAL INVOICE REFERENCE (UNDERCHARGED RECORD)

Original Invoice # _____

Original Invoice Date _____

Original Amount _____

Reason Code/Description _____

**DESCRIPTION OF UNDERCHARGE
CORRECTION**

**ORIGINAL
RATE**

**CORRECTED
RATE**

QTY

DEBIT AMOUNT

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NOTES / REMARKS

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Subtotal Debit: _____

Tax Rate / Tax Amt:

Total Debit Due:

Authorized Signature

Customer Acknowledgment