

Refund Adjustment Report

Document No:

Date:

Customer Name:

Account Number:

Original Invoice No:

Original Invoice Date:

Adjustment Summary

Description of Adjustment	Original Amount	Adjusted Amount
Subtotal		
Taxes/Fees Adjustment		
Total Refund Amount		

Reason for Refund/Adjustment

Prepared By (Signature & Date)

Authorized Approval (Signature & Date)