



REQUEST FOR CREDIT MEMO

Please send request via Faculty Administration for checking before sending to Accounts

TO:	Financial Services Division Union Building, Level 0, Room 17
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Name of Requestor		Telephone No.
Section/Department		

THIS REQUEST **MUST** BE ACCOMPANIED BY SUPPORTING DOCUMENTS, EG. LETTER FROM CLIENT/FUNDING BODY.

PLEASE CANCEL INVOICE NUMBER:

Debtor 's Name		
Address		
Contact Name		Postcode

Reason for cancellation (Please give detailed explanation with attached supporting documentation)	Invoice Number	Amount

REQUESTOR'S SIGNATURE: _____ Date ___/___/___

SUPERVISOR'S SIGNATURE: _____ Date ___/___/___
(Must be independent of person who requested original invoice) (Print Name)

I authorise this credit memo to be actioned and confirm that the details are correct.

OFFICE USE ONLY

Credit Memo No:
Credit Memo Date: