

DEBIT NOTE REQUEST FORM

Dep. Incharge	Div. Incharge	Sec. Incharge	Incharge

REQUEST DATE	2016/10/20	OFFICE		COSTCENTRE	
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CUST. CODE		CUST. NAME				
CUST. CURR		PAY TERM		DUE DATE		
CUST. DIV	-	DIV. NAME	-	INCHARGE	-	
REQUEST ITEM						
REASON	REASON					
REMARKS						
INV. NO						
RINGI NO						
	MONTH	DN TOTAL AMOUNT (FOREIGN)		DN TOTAL AMOUNT (LOCAL)		
DETAIL						
	REASON	A/C CODE	COSTCENTRE	INV TOTAL	INV TOTAL	
TRANSACTION						

(MANAGEMENT CONTROL DIVISION USE ONLY)

DEBIT NOTE NO.				
POSTING DATE				
R/3 DOCUMENT NO.				
TRANSACTION	DR:	HK\$	CR :	HK\$

MANAGEMENT CONTROL ONLY		
APPROVER	REVIEWER	STAFF