



## REQUEST FOR CREDIT NOTE

Form. No. :

Issue No. :

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Effective Date :

Effective Date :

Section Code:			
Customer Name:	BINAL	Invoice No.:	SCIS/INVNO000353
Customer ID:	08002896	Invoice Date:	18/06/2020
Job/File Number:	P5-000675	Invoice Amount:	2.00
Credit Note Amount (Please tick one of the box):	<input type="checkbox"/>	Full invoice amount	
	<input type="checkbox"/>	Partial (Reduction), RM	
Justification for Issuance of Credit Note (Please tick one of the box):			
<input type="checkbox"/>	Product returned	<input type="checkbox"/>	Contract terminated
<input type="checkbox"/>	Wrong data entry	<input type="checkbox"/>	Wrong amount
<input type="checkbox"/>	Others		
Refund Amount (Please tick one of the box):	<input type="checkbox"/>	Full invoice amount	<input type="checkbox"/>
			<input type="checkbox"/>
Prepared by,		Verified by,	
Name:		Name:	Dinesh
Date:		Date:	20/01/2020



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**Recommended by,**

**Approved by,  
\*Within current accounting period –  
HOD**

**\*\*Different accounting period – VP/Head  
of SBU/SUB,**

Name:

Name:

Date:

Date:

**\*If approver has been delegated, please follow accordingly**

**\*\* Please attach necessary documents; Invoice/DO/PO etc. to support this application**

**Finance use only**

**Checked/Verified by,**

Received by:

Name:

Received date:

Date:

Comment (if any):