



REQUEST FOR CREDIT NOTE

Form. No. :
Issue No. :
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Effective Date :
Effective Date :

Section Code:			
Customer Name:	binal	Invoice No.:	1522000546Z
Customer ID:	93000039	Invoice Date:	19/06/2020
Job/File Number:	P5-000684	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"/>
			Partial (Reduction), RM
Prepared by,		Verified by,	
Name:		Name:	Kathiravan
Date:		Date:	04/04/2020



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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):