



REQUEST FOR CREDIT NOTE

Form. No. :


Issue No. :

Page 2 of 1

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"/>	Partial (Reduction), RM	<input type="checkbox"/>
Prepared by,		Verified by,			
Name:		Name:		Dinesh	
Date:		Date:		20/01/2020	

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		Page 2 of 1
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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):	