



REQUEST FOR CREDIT NOTE

Form. No. :

Issue No. :

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Effective Date :

Effective Date :

Section Code:			
Customer Name:	MR. NICHOLAS WAN	Invoice No.:	3512000025Z
Customer ID:	06002126	Invoice Date:	28/07/2020
Job/File Number:	P5-004363	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:		MOHAMMAD SHAHARIN AHMAD LATIF



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Date:	Date:	23/07/2020
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):	