Section Code:			
Customer Name:		Invoice No.:	1542000028INV
Customer ID:	17001610	Invoice Date:	09/07/2020
Job/File Number:	F5-12345	Invoice Amount:	6.00

Credit Note Amount (Please tick one of the box):

	Full invoice amount
	Partial (Reduction), RM

Justification for Issuance of Credit Note   (Please tick one of the box):

	Product returned		Contract terminated
	Wrong data entry		Wrong amount
	Others		

Refund Amount (Please tick one of the box):		Full invoice amount		Partial (Reduction), RM	

Prepared by,	**Verified by,**
Name:	Name:
Date:	Date:
	Invalid date

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):	