



REQUEST FOR CREDIT NOTE

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

Section Code:			
Customer Name:	Kathiravan	Invoice No.:	SCIS/INVNO000348
Customer ID:	08002896	Invoice Date:	15/04/2019
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
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):