

MOTT COMMUNITY COLLEGE

Invoice ADJUSTMENT Request Form

Date: _____
Requestor: _____

ACCOUNTING USE ONLY:
AR TYPE: _____

CUSTOMER ID# (if known): _____

BILLING NAME & ADDRESS: _____

Original Invoice Number: _____

Term: _____

	Reason for adjustment:	ADJUSTMENT AMOUNT
	NEW INVOICE TOTAL	

Requesting Signature: _____

Please check all that apply:
 (If not noted original will be mailed and copy sent to initiator)

_____ **RE-SEND INVOICE W/ATTACHMENTS**
 _____ **NEW INVOICE DOES NOT NEED TO BE SENT**