

**A/R ADJUSTMENT REQUEST**

Invoice number: _____ Customer Name: _____
Original Date of Invoice: _____ Initiated By: _____
Original Invoice Amount: \$ _____ Requested Adjustment Amount: \$ _____

Credit Memo – Billing Correction (include new invoice number if applicable) or customer cancellation of all or part of the order/service.

Adjustment – Bank Fee (01.01000.86325.35.00000.00000)

Adjustment - Small balances write off (01.01000.86050.35.00000.00000)

Write off – Balance has been deemed uncollectible (comprehensive summary of collection efforts is required).

Allowance Established (to be completed by AR): Y 01.01000.04001.00.00000.00000

N GL# _____

Change needed due to:

Payment amount different from invoice amount \$ _____

Error in invoice: amount date other: _____

Amount deemed uncollectible (explanation): _____

Other (describe): _____

Approvals (Digital Signature Preferred):

Dept. Manager: _____ Date: _____
Signature Type Name

A/R Supervisor: _____ Date: _____

Accounting Manager: _____ Date: _____

(Credit requests greater than or equal to \$1,000 and all write off requests)

Credit Memo Number: _____ Entered by: _____

This form is to be used for the sole purpose of requesting a credit memo, adjustment or a write off of an invoice in the Oracle Accounts Receivable system and ensures a proper audit trail. Please complete and submit this form for processing to Accounts Receivable accrec@rit.edu.