

REQUEST FOR:

ADJUSTMENT

BAD DEBT WRITE OFF

DATE: _____

CUSTOMER NAME: _____

CUSTOMER NO.: _____

INVOICE / CREDIT MEMO NO.: _____

(ATTACH DETAIL OF CUSTOMER'S ACCOUNT BALANCE)

INVOICE / CREDIT MEMO DATE: _____

AMOUNT(S) TO BE /ADJ OR WRITTEN OFF:

A/R \$ _____ G/L NO. 130001

SALES TAX \$ _____ G/L NO. 693000

FREIGHT \$ _____ G/L NO. 450000

HANDLING FEES \$ _____ G/L NO. 430105

Obsolete or
Scrap Inventory: \$ _____ G/L NO. 430000

OTHER \$ _____ G/L NO. _____

TOTAL

W/O OR ADJ: \$ _____

REASON FOR ADJ OR WRITE OFF:

APPROVALS REQUIRED:

\$1 > \$100,000: _____ **\$100,001 > \$1 Million:** _____
(CREDIT MANAGEMENT) (TREASURER)

> \$1 Million: _____
EVP CFO