



TEXAS A&M UNIVERSITY CORPUS CHRISTI

Invoice Adjustment Request

Complete and return to the Accounts Receivable Office Unit # 5767

Section 1

Customer Name:	<input type="text"/>	Customer Number:	<input type="text"/>
Invoice Number:	<input type="text"/>	Amount of Invoice after Adjustments:	<input type="text"/>

Section 2

Choose the appropriate action:

A. Cancel this invoice:

B. Increase the invoice line items as follows:

Line # Increase by: Line item new balance:

Line # Increase by: Line item new balance:

Line # Increase by: Line item new balance:

Line # Increase by: Line item new balance:

C. Decrease the invoice line items as follows:

Line # Decrease by: Line item new balance:

Line # Decrease by: Line item new balance:

Line # Decrease by: Line item new balance:

Line # Decrease by: Line item new balance:

Reason for Actions Requested
and Account # for New Lines:

Section 3

Departmental Approval:

Prepared by:

Date:

Approved by: _____

Date: _____

Signature of Account's Responsible Person

Section 4

Grants Office and Accounts Receivable Use Only:

Grants Office Reviewed and Approved By (Only Needed for Grant Accounts)

Date

Accounts Receivable Entries Completed By

Date