

MOTT COMMUNITY COLLEGE Invoice ADJUSTMENT Request Form

Date: _____
Requestor: _____

ACCOUNTING USE ONLY:
AR TYPE:

CUSTOMER ID# (if known): _____

BILLING NAME & ADDRESS:

Original Invoice Number: _____

			ADJUSTMENT AMOUNT
	Reason for adjustment:		
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**