# DEBIT/CREDIT MEMO

No. <u>10001</u>

☐ Debit
☐ Credit

Date: _____

☐ Customer   ☐ Vendor

| Name | |
|---|---|
| Address | |
| | |
| Account Number | |

| P.O. Number | | Original Invoice Amt | $ |
|---|---|---|---|
| P.O. Date | | Amt Paid to Date | $ |
| Invoice Number | | Balance Due | $ |
| Invoice Date | | Dr/Cr Total (details below) | $ |

We debited/credited your account for the following:

| Qty | Description | Reason | Amount |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |
| | | | $ |
| | | Total (reconciles with above) | $ |

<u>APPROVAL</u>

Requested By: _____   Signature: _____   Date: _____

Approved By: _____   Signature: _____   Date: _____

<u>ACCOUNTING</u>

POST DATE: _____

REFERENCE: _____

BY: _____