

### AR Credit Memo Request

|                        |   |
|------------------------|---|
| Requestor:             | <input type="text" value="Judy Tagud"/> |
| Date(Request)-to N.C.: | <input type="text" value="10/19/2023"/> |
| Date(Request)-to A/R:  | <input type="text" value="10/19/2023"/> |
| Date(Complete):        | <input type="text"/>                    |

#### Basic Information

|           |                     |   |
|-----------|---------------------|---|
| Customer: | Bob Mills Furniture | Date:                                   |
|           |                     | <input type="text" value="10/19/2023"/> |

Deduction Amt \$:

|            |                                       |        |
|------------|---------------------------------------|--------|
| Customer   | <input type="text" value="264685"/>   | PO No: |
| PO/Ref No: | <input type="text" value="20744799"/> |        |

Date of Refund:

Refund  Credit Card  Paypal

Customer via:  On Account

Wire Transfer

Please check and fill necessary information below: A/B provide documents as indicated

(A) Valid payment deduction → Issue credit memo(CM)

|               |                                     |
|---------------|-------------------------------------|
| CM amount \$: | <input type="text" value="369.91"/> |
|---------------|-------------------------------------|

Reason: Non-Return (Carrier Damage)

Non-Return Refund No.:

Please provide item number(s) associated with the deduction:

Total amt \$:

369.91

Item #:

MP122-0981 (SD3) FL

Item Amt \$:

273

Freight \$:

96.91

Sales Rep:

Sandra Jones

Restocking Fee apply?

Yes

No

Total Item Amount \$:

273.00

Total Freight \$:

96.91

(B) Invalid deduction → Claim to Customer

(Need support to customer)

Amount to claim \$:

0

Note:

Signature Authorization Required:

CSR Mngr:

Lisa Petros

Date:

10/19/2023

